**Authorization for the Self-Administration of Medication**

**(Prescription or Over-the-counter)**

School name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Year Month Day

Parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime phone(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime phone(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime phone(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication information**

Name of medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/guardian authorization**

I have read the school division’s Administration of Medication Policy and I understand that:

* + - 1. Prescribed medication must be brought to the school in a pharmacy labelled container. Over-the-counter medication must be brought to the school in the original container.
      2. For students in elementary and middle school, controlled substance medications (e.g. codeine, morphine) must be brought to the school by the parent/guardian or designated adult and stored in the school office or other adult only accessible locked location.

I acknowledge that my child can safely and responsibly carry and self-administer the medication listed above during school hours and understand that I am responsible for consequences which may result from lost or misplaced medication.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian signature Date

*This authorization automatically terminates June 30th of the current school year or upon change in medication.*