

CITY SCHOOL DISTRICT OF ALBANY
BUREAU OF HEALTH AND PHYSICAL EDUCATION

SELF-ADMINISTERED MEDICATION PERMISSION FORM

Self-Administered Medications

Under certain conditions it may be necessary to allow a student to self-administer and carry his/her own medication. This practice is discouraged as lost or improperly administered medication is a risk to all students. The criteria for permitting a student to carry and self-administer medication are as follows:

- The prescriber must direct in writing that the student, **DUE TO HIS/HER MEDICAL CONDITION**, be allowed to carry his/her medication and self-administer.
- The parent/guardian must request in writing compliance with prescriber's order.
- The student must be instructed in the procedure of self-administration by the prescribing physician and the school nurse.
- The student must be capable of responsibly carrying properly labeled medication in an original container on his or her person or keeping it secured in a school locker.
- The parent must assume the responsibility for monitoring the child on a daily basis to insure that the child is carrying and administering the medication as ordered.

Physician's Permission:

I am presently treating _____ for _____.
Student's Name Diagnosis

Due to _____ it is necessary
Medical Condition

that this student be permitted to carry and self-administer _____.
Medication

I have instructed the student in the procedure of self-administration and feel that the student is capable of responsibly carrying and administering his/her medication.

Physician's Name (Print)

Physician's Signature

Date

Parent's Permission:

Please permit my child to carry and administer (Medication): _____ as directed by his/her physician. I assume the responsibility for monitoring my child on a daily basis to insure that he/she is carrying and administering the medication responsibly and as ordered.

Parent's/Guardian's Name (Print)

Parent's/Guardian's Signature

Date