

**MEDICATION AUTHORIZATION FOR
SELF-ADMINISTRATION/SELF-POSSESSION**
St. Patrick School

STUDENT NAME: _____ GRADE: _____

DATE OF BIRTH: ____ / ____ / ____ TEACHER'S NAME: _____

I have reviewed the St. Patrick School policy entitled "Administration of Medication to Students" and agree to abide by its terms. The undersigned parents/legal guardians of _____, request that he/she be permitted to: ☐ self-possess ☐ self-administer the specific medication listed below, provided that all of the following conditions are satisfied and administered pursuant to the attached authorization form.

Medication name: _____

Dosage: _____ Time to be given: _____ Route: ☐ mouth ☐ inhaler ☐ topical ☐ drops ☐ injection

Desired action of medication: _____

Side effects of medication: _____

Special instructions: _____

Specify medication type: ☐ Daily ☐ Emergency ☐ As Needed

Conditions:

- (a) For either prescription or non-prescription medication, there must be written authorization for self-possession and/or self-administration of medication from the student's parent or legal guardian, unless the student is emancipated or is age 18.
- (b) Regardless of the student's age, a physician shall provide written instructions for the student to self-possess and/or self-administer the medication, those instructions to include the name of the medication, dosage, time to be administered, route of administration, and duration of administration.
- (c) A completed medication authorization form is on file in the school office.
- (d) Students who receive authorization to self-administer their medication shall not convey, transfer, or otherwise distribute the medication to other students; students who violate this conduct standard shall be subject to disciplinary penalties as specified in the student code of conduct.
- (e) Building administrators and appropriate teachers are informed on a need-to-know basis that the student is permitted to self-possess and/or self-administer the medication.
- (f) The building administrator may discontinue the student's self-administration/self-possession privilege upon advanced notice to the parent/guardian.

Parent/Guardian Signature

Date

Student Signature

Date

Building Administrator/Designee Signature

Date