

- **Directions-** Have medical provider complete this page if you want your child to self-carry.

STUDENT CONSENT FORM for SELF CARRY/ADMINISTRATION OF MEDICATION

A. Parent's Request and Authorization

I, THE UNDERSIGNED, request and authorize my child (student's name) _____ to carry and or self-administer his/her medication. List name of medication/s and condition for carrying while at school:

This authorization is given based on the following: Parent/Guardian initial below as indicated.

Initial _____ My child is capable of and has been instructed in the proper method of self-administration of this medication.

Initial _____ I understand that my child shall be permitted to carry his/her medication at all times as long as he/she does not endanger him/herself, endanger other persons, and/or will not misuse the medication.

Initial _____ I understand that if my child misuses or exceeds the prescribed dosage, or endangers others with the medication, school employees or agents may confiscate the medication/s.

Initial _____ I understand that Eduprize Schools, its employees or agents shall not incur any liability as a result of any injury arising from the self-administration of the medication by my child.

Initial _____ I shall exempt from liability and hold harmless school employees or agents against any claims arising out of the self-administration of medication by my child.

Initial _____ **I understand that this authorization shall be in effect for the current school year and must be renewed annually, each school year.**

Parent/Guardian Signature: _____ **Date:** _____

B. Physician's Certification

I, THE UNDERSIGNED, certify that student (name) _____ has a life threatening condition/diagnosis (specify): _____

He/ she has been instructed in the proper method of self-administration and is capable of carrying/self-administering his/her medication/s as listed above.

Physician's Name: _____ **Physician's Signature:** _____
(Type/Print)

Address: _____ **Telephone:** _____ **Date** _____