

Medication Prescriber/Parent Authorization Form for Self-Administration/Self-Possession

Self-administration means that the student can administer the medication in a manner directed by the physician without additional direction or supervision by school staff. Self-possession means that under the direction of the physician, the student may carry certain medication on his/her person to allow for immediate and self-determined administration. **Homer Community School policy limits medication eligible for self-administration/self-possession to inhalers, Epi-Pens and insulin.**

Student's Name: _____ **Birthdate:** _____ **School Year:** _____

To be completed by physician/licensed prescriber:

	Medication Name	Dose	Time to be given	Form/Route	Side effects	Adverse reactions
1						
2						

List minimal frequency between doses (especially if p.r.n.): _____

If p.r.n., list symptoms/conditions under which medication may be given: _____

The student is capable of self-administering self-possessing the above medication(s)

Physician's Signature
Date
Physician's Printed Name

Physician's Phone #: _____ **Fax #:** _____

Physician's Address: _____

To be completed by parent/guardian:

I request and give permission for my child (named above) to: _____ self-administer _____ self-possess the above medication(s) according to school district policy and for the physician's staff and school district staff to share information regarding my child's medication needs.

Parent/Guardian Signature
Date
(OVER)

Student's Name: _____

To be completed by student:

I agree to:

1. Never share my medication with another person
2. Carry the medication in its original, properly labeled prescriptive container
3. Take medication only at the prescribed time, frequency and dose

I am knowledgeable regarding the dose, desired effects, side effects and administration of the medication(s). I understand if I do not comply with this agreement that the medication will be confiscated and returned to my parent/guardian and the privilege of self-administration/self-possession denied.

Student's Signature

Date

