

Request for Student to Possess and Self Administer Medication 2023-2024

A student may possess and self-administer medication for a chronic disease or medical condition ONLY if the parent or guardian annually files with the clinic this form signed by the parent or guardian and **BY A PHYSICIAN**. This form will be valid for one school year only, and a new form filled out each school year.

Parent or Guardian Authorization

	of the student identified below. I authorize school to perm ow on school property and during school time.	it this student to possess and self-
Student's Name (Please print)	Name of medication	
Purpose of medication		
Signature of Parent/Guardian	Date	
Printed Name	Phone Number	
Physician's Statement		
B. The student named above	ral condition exists for which the above named medication has been given instructions as to how to self-administer the primedical condition requires emergency administration of Date	e medication; and
Physician's Name Printed	Phone Number	
Physician's Address		
Student's Statement		
	ccordance with school policies. I will not share this medic will not use it for any other purpose than stated by my phy	
Student's name	Date	