

Self-Administration of Medication Permission Form

Policy statement for DePaul College Prep:

Dear Parent/Guardian,

State Law requires we inform the parents/guardian(s) of the student, in writing, that the school and its employees and agents shall incur no liability as a result of any injury arising from self-administration of _____ **(name of medication)** by the student.

The permission for self-administered medication is effective for the school year for which it is granted and must be renewed each school year. A student with _____ **(name of medical condition)** may possess, store on the school premises, and use his/her medication while in school, at school-sponsored activities, while under the supervision of school personnel, and/or before or after regular school activities. We recommend that you provide an additional dose of medication to be kept at school in the event that your child forgets or loses the medication.

Please sign below and return this form:

I, _____ PARENT/GUARDIAN of _____

acknowledge that I, individually and on behalf of the above named student, will waive any claim against DePaul College Prep and its employees and agents, as a result of any injury arising from the administration of _____ **(name of medication)** by the above named student, and I agree to defend, indemnify and hold harmless DePaul College Prep and its employees and agents against any claims arising out of self-administration of the above named medication.

SIGNED: _____ DATE: _____

I give permission for my child to carry the above named medication as ordered by his/her physician. I certify that my child has been instructed in the use and self-administration of this medication. He/She understands the need for the medication and the necessity to report to school personnel any unusual side effects. He/She is capable of using this medication independently. I will notify the school of changes in medication or my child's condition

Parent/Guardian Signature: _____ Date: _____

Name of Student: _____ Date of Birth: _____

Address _____ City _____

Zipcode _____ Phone _____

_____ Parent has provided the prescription label, which contains the name of the medication, the prescribed dosage, and the frequency of administration.