



SELF-ADMINISTRATION OF MEDICATION

1. A written statement from the physician and parent for students with a Life threatening condition to self-administer medication is required annually.
2. Pupils requiring medication at school must have this form filled and completely and the private physician must identify the type, dosage and purpose of medication. The physician must also certify that the student is capable of self-administration.
3. Prescribed medication shall be administered only in those situations when the pupil would be at risk if it is not administered.
4. The school physician may review any request for medication to be self-administered during school hours.

REQUEST FROM PARENT

Dear _____,
(Principal)

I hereby request that my child _____ who attends grade _____ at St. Paul School be permitted to self-administer medication for his/her life-threatening illness as prescribed and instructed by his/her private physician. He/She has been instructed by parents on the dangers of sharing or allowing anyone else access to their medication. Catapult Learning, this school and its employees shall incur no liability as a result of any injury arising from self-administration of medication by the student. I also know that this will indemnify and hold harmless the district and its employees or agents against any claims arising out of the self-administration of medication by the student. I shall provide all medication in the original container whenever my child may need it and be cognizant of the expiration date.

Date _____ Parent Signature _____

Home Phone # _____ Emergency Phone # _____