## Catapult Learning

- 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 out 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)	. S			
I hereby request th	at my child		who	3.7
attends grade	at		School be permitted	to self-
administer medicate private physician. It on e else access to liability as a result of know that this will claims arising out of the elements.	tion for his/her Life Threat He/she has been instruct their medication. Catapt of any injury arising from indemnify and hold harm of the self-administration original container whene	atening illness as prescrit ed by parents on the da oult Learning, this school self-administration of m nless the district and its o of medication by the str	ped by and instructed I ngers of sharing or allo and its employees sha nedication by the stude employees or agents a udent. I shall provide a	by his/her Dwing any all incur no ent. I also gainst any all
Date	Parent's Signati	ure		
Home Phone #	2 2	Emergency Phone #		-:
CLHF#30 Rev. 8/1	13			