



EASTERN CHRISTIAN
SCHOOL

SELF-ADMINISTRATION OF MEDICATION IN SCHOOL

Request for Self-Administration of Prescription Medication

To be completed by Physician (please print)

NAME OF STUDENT: _____ GRADE: _____

DIAGNOSIS: _____

MEDICATION: _____

DOSAGE: _____ FREQUENCY: _____

DIRECTIONS: _____

POSSIBLE SIDE EFFECTS: _____

OTHER MEDICATIONS USED AT HOME: _____

I certify that this student has asthma or another potentially life-threatening illness and is permitted to self-administer the above medication. He/she has been instructed in the proper techniques of self-administration and has demonstrated competence in this technique.

Conditions under which self-administration will take place:

____ Under Supervision of School Nurse (or designated personnel)

____ Independently (**child has been trained**)

Medication should be:

____ Stored in Nurse's office ____ In possession of student

Physician's Name (print)

Date

Physician's Signature

Phone

*******Other side must be filled out and signed by student and parent*******



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MEDICATION CONTRACT

Date _____

Student Name _____

Grade _____

Medication _____

I understand that I will use this medication as directed by my physician. I will be responsible and discreet in using this medication and should have this medication **readily available**.

I have been instructed how to self-administer this medication and understand the side effects of improper use. This medication must be carried in the original labeled pharmacy container.

I will not share this medication with anyone else.

I understand that if I do not abide by these regulations, I may forfeit my right to carry and self-administer this medication.

Student's Signature

Date

To be completed by parent:

I give permission for my child to self-administer the medication described above. I will notify the school nurse if this medication is no longer required or if the physician no longer directs self-administration. The medication is to be provided by me in the original, labeled container. To my knowledge, my child is not allergic to this medication. I hereby release Eastern Christian School Association and its employees from any liability for injuries or other damages which may result to the student from administration of this medication. Eastern Christian is released from any liability should the student share this medication with another student.

Parent's/Guardian's Signature

Date