

SELF ADMINISTER/SELF CARRY RELEASE FORM

Permission to carry and self-administer prescription medication during the school day and/or at school sponsored after school events will be made on an individual basis and evaluated by the school nurse. The health care problem must be severe enough to self-carry as in conditions such as asthma rescue inhalers or emergency epinephrine. This privilege may be reassessed or revoked by the school nurse if the student cannot consistently and responsibly take his/her own medication as prescribed by the licensed prescriber. This request must be renewed each academic school year.

Student's Name: _____ DOB: _____

Diagnosis: _____

Medication: _____

I have assessed this student and he/she is considered to be self-directing regarding this medication. He/she understands the purpose, name, amount, dose, timing and effect of taking or not taking the medication, can recognize the medication and refuse to take it inappropriately, and can ingest, inhale, apply or calculate and administer the correct dose of the medication independently.

In addition, I have determined that this student is consistent and responsible in taking his/her own medication and give permission to self-carry and self-administer this medication. He/she is considered independent in medication delivery and needs intervention only during emergencies.

Licensed Prescriber's Name: _____

Licensed Prescriber's Signature: _____

Phone Number: _____ Date: _____

Parent/Guardian Signature: _____