

SELF-ADMINISTRATION OF MEDICATION AUTHORIZATION

When a prescribing health professional, parent/guardian, student and school nurse agree that self-administration of medication is appropriate for an individual student, the procedure must be done safely, carefully and accurately. A written order by a prescribing health professional and written authorization by the parent/guardian must be provided to the school. The medication must be brought to school in a container appropriately labeled by a pharmacist or the prescribing health professional. A written health care plan for the student must be developed by the school nurse. A student who has demonstrated competencies noted on his/her Individual Health Plan may then be allowed to self-administer medication if he/she signs the agreement on the back of this form.

This form must be completed by the prescribing health professional and parent/guardian and returned to the school nurse. Orders must be renewed annually or whenever medication, dosage, or administration changes.

School Nurse: _____ School: _____

Telephone: _____ Fax No: _____

TO BE COMPLETED BY PRESCRIBING HEALTH PROFESSIONAL

I believe that _____ is capable of self-administering the following medication:

Medication	Route	Dose	Frequency
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I recommend self-administration of this medication for the treatment of: _____

Comments: _____

Discontinuation date: _____

Signature of Prescribing Health Provider

Printed Name	Phone	Date
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I hereby give my permission for my child to self-administer medication at school as prescribed by my child's prescribing health professional and I authorize reciprocal release of information related to the medication between the school nurse and the prescribing health professional.

