

SOMERS PUBLIC SCHOOLS

SELF-ADMINISTERED MEDICATION PERMISSION  
SCHOOL/FIELD TRIP

THE FOLLOWING PERMISSION MUST BE COMPLETED IN ADDITION TO THE ROUTINE REQUIRED MEDICATION ADMINISTRATION FORM FOR STUDENTS WHO WILL BE CARRYING MEDICATION ON THEIR PERSON AND SELF-ADMINISTERING THE MEDICATION.

\_\_\_\_\_  
Student's Name

has been instructed in the proper use of \_\_\_\_\_  
Name of Medication  
Dose \_\_\_\_\_ Time \_\_\_\_\_

We, \_\_\_\_\_ and \_\_\_\_\_  
Physician Telephone Parent/Guardian

request that this student be permitted to carry this medication on his/her person or to keep same in his/her locker as we consider him/her responsible. He/she has been instructed in and understand the purpose and appropriate method and frequency of use of his/her medication.

We, the undersigned, absolve the school of any responsibility in safeguarding this student's medication.

\_\_\_\_\_  
Physician's Signature Parent/Guardian Signature Date

\*\*\*\*NOTE\*\*\*\*

THIS PERMISSION MUST BE RENEWED EACH SCHOOL YEAR

RETURN DEMONSTRATION TO SCHOOL NURSE

\_\_\_\_\_  
HAS DEMONSTRATED TO ME HE/SHE IS  
ABLE TO BE RESPONSIBLE IN CARRYING HIS/HER MEDICATION ON HIS/HER  
PERSON AND IN SELF-ADMINISTERING IT.

\_\_\_\_\_  
School Nurse Date