



Permission for Student Possession and Self-Administration Of Emergency Medication

It is understood that as a student matures, it is important for them to take responsibility for their own medical care, and this may include self-administering medication. By signing this form, the Parent or guardian gives permission for their students to carry their own medication, while also providing notice to staff of where the student is keeping, or how the student is carrying, the medication.

It is understood that school personnel will not be responsible or liable for the administration of the medication listed below. In signing this permission form, the Parent/Guardian is acknowledging that instruction in the use, dosing, and administration of the medication has been given to the student by their parent/guardian and their physician. The privilege of self-administration of medication will be withdrawn if abused by student. All medications must be kept in their original labeled container and a second labeled container may be kept in the clinic.

Student's name: _____ Date of Birth: _____

Name of Medication: _____

Dosage/Indications for use: _____

When/how often: _____

Location of medication on student (example: in purse, backpack, locker, etc.)

I give permission for OHS staff to locate medication if my child is medically unable to do so themselves:
(Check box and initial)

Yes _____

No: _____

I give permission for OHS staff to administer this medication if my child is medically unable to do so themselves: (Check box and initial)

Yes _____

No: _____

What other emergency measures should be instituted if medication proves ineffective:

I give permission to Oak Hall School to allow my child to carry and self-administer the above prescribed medication. My child has been properly instructed in how to self-administer this medication and is capable of, and willing to do so. I will not hold Oak Hall School responsible in the event of a possible error, or if my child should fail to self-administer according to their doctor's instructions. I understand that the privilege of self-administration of medication will be withdrawn if abused by the student, and the student may be subject to other disciplinary consequences.

Parent/Guardian signature: _____ Date: _____

I agree to carry, store and self-administer my medication according to my doctor's instructions. I will not share my medication with any other person. I understand that if I abuse this privilege, the privilege of carrying and self-administering my medication may be withdrawn and I may be subject to other disciplinary consequences.

Student signature: _____ Date: _____