

Parental Consent for Students to Self-Administer Emergency Medication

Date: _____

Student:_____ Grade:_____

My child may carry with him/her and administer his/her own emergency medication. I realize that the school is not responsible for the benefits or consequences of the medication. The school bears no responsibility for assuring that the medication is taken. I also understand that if the student abuses the policy of carrying his/her medication, the medication will be confiscated and the privilege will be taken away.

Name of medication: _____

Reason for taking medication: _____

My child has drug allergies: _____

Signature:_____

Relationship to student: _____