WARSAW COMMUNITY SCHOOLS
NURSING OFFICE

PERMISSION FOR SELF-ADMINISTRATION OF MEDICATION

A student with a chronic disease or medical condition may possess and self-administer prescribed medication for the disease or condition if the student's parent/guardian has filed a written authorization with the school nurse. The written authorization must be filed annually and must include the following information:

1. A physician's statement that the student has an acute or chronic disease or medical condition for which medication has been prescribed.
2. The nature of the disease or medical condition requires emergency administration of the prescribed medication.
3. The student has been instructed in how to self-administer the prescribed medication.
4. The student is authorized to possess and self-administer the prescribed medication by the parent/guardian.

Student _____ Grade _____ Teacher _____

Medical Condition _____ Drug Allergies _____

Medication _____

Dose/Time Interval _____

The student has been instructed on how to self-administer and is authorized as signed below to self-administer the prescribed medication.

_____ _____ _____

Physician's Signature Printed Name Date

Parent/guardian accepts legal responsibility for the safe transport of the student's medication to and from school.
The school nurse may contact the student's physician if there are questions regarding the use of this medication.
It is the responsibility of the parent/guardian to maintain a supply of the medication for the student.

_____ _____ _____

Parent/Guardian Signature Daytime Phone Number Date