

Litchfield Elementary School District #79  
Administrative Guidelines

**Special Request to Carry and Self-Administer Medication**

**Diabetes Medications and Equipment**

School: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Amount to give: \_\_\_\_\_ Dosage: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Per Governing Board Policy JLCD:

- Students with diabetes who have a diabetes medical management plan provided by the student's parent or guardian, signed by a licensed health professional or nurse practitioner as specified by A.R.S. 15-344.01, may carry appropriate medications and monitoring equipment and self-administer the medication.

**Parent/Guardian Initials:** \_\_\_\_\_

- Parent/Guardian acknowledges that the pupil is capable of self-administration of the medications and equipment.

**Parent/Guardian Initials:** \_\_\_\_\_

- School administration may revoke rights to carry or self-administer medication if pupil does not exercise safety precautions. A pupil is required to practice proper safety precautions for the handling and disposal of the equipment and medications that the pupil is authorized to use.

**Parent/Guardian Initials:** \_\_\_\_\_

My signature denotes that I have read and understand the policy and terms of self-administration and the right to carry medication.

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date