

WESTFIELD WASHINGTON SCHOOLS
Permission for Possessing and Self Administering Medication

Student Name: _____ Grade: _____

Attending School: _____ School Year: _____ / _____

Indiana Code (IC 20-33-8-13) states that students with a chronic disease or medical condition may possess and self-administer medication for the chronic disease or medical condition during school hours or school sponsored activities, if the following conditions are met:

- 1) The student's parent has filed an authorization form with the student's principal for the student to possess and self-administer the medication on an annual basis
- 2) A physician states in writing that:
 - (A) The student has an acute or chronic disease or medical condition for which the physician has prescribed medication:
 - (B) The student has been instructed in how to self-administer the medication: and
 - (C) The nature of the disease or medical condition requires emergency administration of the medication.

Parent/Guardian Signature: _____

PHYSICIAN'S STATEMENT

I certify that (student's name) _____

is currently being treated for _____. The nature of the disease/medical condition requires emergency administration of medication.

This student has been instructed and has demonstrated knowledge and proficiency in the monitoring and self-administration of the following medication(s):

Physician Signature: _____

Printed Name: _____

Title _____

Date: _____