

**PARENTAL AUTHORIZATION FORM
FOR POSSESSION AND SELF-ADMINISTRATION
OF MEDICATION**

As the parent/guardian of _____, I hereby authorize my child to possess and self-administer medication at school, on school grounds, at school sponsored activities, on school provided transportation, and during school related programs. My child understands that they should not share medications and they will take their medication as prescribed to them. This agreement is for the school year _____.

My child will carry the following medications

I have read and agree with the parental authorization form.

Parent/Guardian Signature

Date

School Nurse Signature

Date

