



Jefferson City School System
Authorization to Carry and Self-administer Medication

A trained student may be allowed to care and/or self administer the following medications with a written order from a healthcare provider and parent authorization: Albuterol, Epinephrine, insulin/diabetic medications and digestive enzymes for Cystic Fibrosis

Name of Student _____ D.O.B _____

Medication _____ Dose _____ Method of administration _____

Condition for which the medication is to be administered _____

Time or indication for administration _____

Side effects to be noted/reported _____

Parent/Guardian Authorization (check applicable box)

- ☐ *For students who will carry and self-administer the above medication:* I request that my child, named above, be permitted to carry and self administer the above medication while at school or school sponsored activities, and while in before-school or after-school care. I take responsibility for this authorization and understand my child may be subject to disciplinary action if he/she uses said medication in a manner other than as prescribed.
- ☐ *For students who will NOT carry or self administer the above medication:* I request the school receive and store the above named medication. I grant permission for trained school personnel to administer the medication if needed.

I understand the medication must be in the original pharmacy container and label. I understand this medication must be picked up within one week of the school year ending or will be disposed of. The Jefferson City School System and its employees are released from civil liability for any injury or adverse reaction that may occur as a result of administration or self-administration of the above medication.

Parent Signature Print Name Telephone Date

Prescribing Provider Authorization for self carry/administration

In my opinion, this student shows capability to carry and self-administer the above medication.

Physician's Signature Print Name Telephone Date