Authorization for student to carry and self-administer medication as prescribed by Physician

Students authorized for independent self administration of medication are not monitored by the school nurse or school staff, however school staff are available for emergency response during all school sponsored activities. The Montgomery County Health Department School Health Services and Montgomery County Schools reserves the right to restrict self carry and administration of medications if such action is determined to be dangerous to self or others.

Date authorization completed:_____

Student Name:_____**DOB:**_____

Medication:_____

_____

Prescribed for medical condition:_____

Instructions:

❒ **Independent Self Administration**—it is my professional opinion that the above named student is competent, responsible and able to carry prescribed medication with them at all times/as needed—during the school day, on field trips, and while participating in before or after school clubs/events/athletics. He/she has been instructed on the indication for medication usage and the method of administration.

x _____ _____

Physician or Authorized Healthcare Provider Signature ***Date Signed***

_____ _____

Physician or Authorized Healthcare Provider--PRINTED ***Telephone Number***