



**DORCHESTER SCHOOL DISTRICT TWO
2023-2024 AUTHORIZATION FOR SELF-MONITORING OR SELF-
ADMINISTRATION OF MEDICATION**



The following is to be completed by a physician/legal prescriber. One medication and/or dose per form.

Name of Student: _____ DOB: _____ Grade _____

Name of medication: _____ Dosage: _____

Medication is prescribed for: _____ ICD-10 Code: _____

If PRN, list indication(s): _____

Time(s) to be taken at school: _____ Start Date: _____ End Date (if applicable) *: _____

*UNLESS OTHERWISE INDICATED, THESE ORDERS ARE VALID THROUGH CURRENT SCHOOL YEAR, INCLUDING SUMMER PROGRAMMING

List any potential reactions with appropriate treatment: _____

- I hereby authorize student to self-monitor and/or self-administer this medication in accordance with the orders listed above. I verify that this student's medical condition is such that self-monitoring and/or self-administration of a prescribed medication for this condition at school, on school grounds, at school-sponsored activities, or during before-school or after-school activities on school-operated properties is appropriate.
- I further verify that the student has been trained & has demonstrated competency in self-monitoring and/or self-administration of a prescribed medication for this condition.

Physician/Legal Prescriber

Signature of Physician/Legal Prescriber

Office Phone Number

Office Fax Number

Date

The following is to be completed by a parent/legal guardian and student.

- I hereby authorize my child to self-monitor and/or self-administer a prescribed medication as ordered by his/her health care practitioner as described above while at school, on school grounds, at school-sponsored activities, or during before or after-school activities on school-operated property. I understand that Dorchester District Two reserves the right to approve or deny this request & submission of this form does not guarantee that my child can self-monitor/self-medicate.
- I understand that this authorization must be updated annually. I also understand that my child's permission to self-monitor and/or self-administer a prescribed medication for a medical condition shall be revoked if he/she demonstrates lack of responsibility or endangers him/herself or others through misuse of the monitoring device or medication.
- I hereby acknowledge that Dorchester School District Two, its employees & agents, are not liable for any injury arising from my child's self-monitoring or self-administration of a prescribed medication. Further, I hereby agree to indemnify & hold harmless the former against any claims arising from my child's self-monitoring and/or self-administration of a prescribed medication.

Signature of Parent/Legal Guardian

Date

Signature of Student

Date