

**Parent and Prescriber's Request
For Student Self-Medication**

This form should be completed and signed by *both* Parent/Guardian *and* the child's physician or licensed prescriber.

Student Name _____ School _____

Date of Birth _____ Grade _____

The above-named child has been instructed in the proper use of the following medication and procedures:

Name of Medication: _____

Medication Procedures: _____

We (parent/guardian and physician/licensed prescriber) request that the child be permitted to carry the medication on his/her person (or keep it in his/her locker) and to self-administer it. We believe that he/she understands the purpose of the medication, the appropriate method of administration, and the prescribed frequency of use, and that he/she will assume responsibility for complying with all proper procedures.

Parent/Guardian

Physician
(or licensed prescriber)

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Note: This form should be completed *in addition* to Form 7513F (*Parent and Prescriber's Authorization for Administration of Medication in School*) for students who may carry and administer their own medication.