

Liberty Public Schools

**Parental Annual Authorization for Student Self-Administration
For Emergency Medications/Treatments**

Student Name: _____ School Year: _____

Medication/Treatment: _____

I, the parent or legal guardian of the student listed above, give permission for my child to carry and self-administer the above listed medications/treatments. I have instructed my child to notify the school staff if medications/treatments are used but condition is not improved. I understand that, absent any negligence, the school shall incur no liability as a result of any injury arising from the self-administration of medication by my child. This permission can be revised if there is evidence that the student is not administering medication appropriately.

Printed Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____

Date: _____

Note: Other forms which are required to be completed in addition to this form:

- Medication Authorization Form
- Emergency Action Plan Annual Parental Review