

Student: \_\_\_\_\_ School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

*This form will only be valid for the current school year. A new form is required yearly.*  
*PLEASE USE A SEPARATE FORM FOR EACH MEDICATION*

**TO BE COMPLETED BY THE PARENT/GUARDIAN:**

Signature of Legal Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**TO SELF-ADMINISTER AND RETAIN MEDICATION ON PERSON**

Updated 2/28/2020