



Calvary Day School
Student Agreement for Self-Carried Medication

Student Name _____

Birth Date _____ Grade _____

Parent/Guardian Name _____ Phone _____

Medication/equipment requesting to self-carry _____

STUDENT RESPONSIBILITIES

I plan to keep my medication/equipment listed above with me at school. I agree to use my medication/equipment in a responsible manner, in accordance with my health care provider's instructions. I agree to notify the school staff (teacher, nurse, etc) if I am having difficulty controlling my symptoms. I agree that I will not allow any other person to use my medication/equipment. I understand that if I use the medication in a manner other than as prescribed, the Calvary Day School nurse has the right to revoke my privileges. I understand that the school will not be responsible for the medication/equipment that I keep with me.

STUDENT'S SIGNATURE _____ **Date** _____

I agree that my child may keep the above medication/equipment with him/her at all times. I acknowledge that my child is capable of carrying and self-administering the medication listed above. I do hereby release Calvary Day School, its administrators, staff, and faculty from any and all damages for any accident, injury, or illness that may result from or related to the self-administration and/or use of this medication/equipment.

PARENT/GUARDIAN SIGNATURE _____ **Date** _____

Calvary Day School will permit the student named above to self-carry. The right to withdraw the privilege of the student if he/she shows signs of irresponsible behavior or there is a safety risk is at the discretion of the school nurse.

SCHOOL NURSE SIGNATURE _____ **Date** _____