

ROXBURY SCHOOL DISTRICT | Permission for Self-Administration of Medication for Potentially Life-Threatening Illness

v.20250613-1015

School Year 20 ___ / 20 ___ Student's School (Underline/Circle)→ RHS EMS L/R

Name of Student _____ Date of Birth _____ Sex _____ Grade/Teacher _____

Name of Medication _____

Dosage of Medication _____

Guidelines for Administration (*Please be specific*) _____

Possible Side Effects _____

Start Date _____ End Date _____ (*Medication must be in the original container as dispensed by the pharmacy or physician*)

I certify _____ suffers from a potentially life-threatening illness _____
(Student's Name) (Condition)

and: ■ is capable of, and has been instructed in, the proper method of self-administration of the above stated medication; ■ is physically fit to attend school and is free of contagious disease; and ■ the medication must be administered during the school day or the student would not be able to attend school.

Physician's Printed Name _____

Physician's signature _____ Date _____

*Office Stamp of
Physician →
or Attach Official
Letterhead of
Physician*

Parent/Guardian's signature granting permission for self-administration of medication/sharing of information with appropriate staff members:

I hereby give consent for the disclosure of the information contained in the Action Plan for my student for the above described Potentially Life-Threatening Illness to all staff who may be involved in the implementation of the plan and to other appropriate staff. I acknowledge that the school district shall incur no liability as a result of any injury arising from the self-administration of medication by my child and that I shall indemnify and hold harmless the school district, the Board, and its employees or agents against any claims arising out of the self-administration of medication by my child.

I give permission for _____ to self-administer _____ as prescribed by his/her
(Student's Name) (Medication) physician.

Name of Parent/Guardian _____ **Signature of Parent/Guardian** _____ Date _____

This permission form is effective only for the school year for which it is granted and must be renewed each school year.