

MARANATHA CHRISTIAN ACADEMY

Authorization for Secondary Students to Self-Carry Prescription Medication

Student Name: _____ Grade: _____ School Year: _____

Medication Details:

- Medication Name: _____
- Dosage / Frequency _____
- Purpose / Indication: _____
- Time(s) to be Taken (or As Needed): _____

Permission Statement:

I, the undersigned parent/guardian, give permission for my child to carry and self-administer the above prescription medication during school hours, in its original, pharmacy- labeled container. I agree that the school district and its employees are not liable for any injury resulting from self-administration and hereby release them from any claims.

I, the undersigned healthcare provider, authorize the self-administration of the medication(s) by the student listed above. This student has demonstrated competency in self-monitoring and self-administration of this medication. The parent is aware that they cannot hold the school district responsible for any adverse outcome related to self-monitoring and self-administration.

Parent Responsibility Acknowledgment:

- I will ensure the medication is properly labeled and unexpired.
- I accept responsibility that my child will use the medication safely and per instructions provided.

Additional Requirements:

- The form must be renewed each school year.
- The student should carry only what is needed for that day and it should be carried in the original container with pharmacy label.
- Students are prohibited from sharing any medications with another student.
- The school administration will have final authority to revoke medication privileges.

Signatures:

Parent/Guardian: _____ Date: _____ Phone: _____

Healthcare Provider/Credentials: _____