Self-Medication Policy Statement

State law requires that we inform the parents or guardians of the student, in writing, that the school and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the student.

Before we can allow your child to self-administer the medication, we must ask that you sign and return a copy of this three page document.

The permission for self-administration of medication is effective for the school year for which it is granted and shall be renewed each subsequent school year upon fulfillment of the requirements outlined above. A student with asthma or diabetes may possess and use her medication while in school or at a school-sponsored activity, such as before-school or after-school meetings, practices, rehearsals, contests or on school-owned and operated property.

We recommend that you provide an additional dose of the medication to be kept at school in the event that your child forgets or loses her medication. No Resurrection College Prep High School employee is permitted to administer medication to any student in the normal discharge of their duties.

Your signature below indicates your acknowledgment that Resurrection College Prep High School and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the above named student. I indemnify and hold harmless Resurrection College Prep High School and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication by the student.

PARENT NAME (PRINTED) _____

STUDENT NAME (PRINTED) _____

PARENT SIGNATURE _____ **DATE** _____

FORMS ARE ONLY VALID FOR THE CURRENT SCHOOL YEAR AND MUST BE UPDATED YEARLY.