



Ferguson-Florissant School District
OFFICE OF THE SCHOOL NURSE

**PARENT RELEASE & AUTHORIZATION 10:55 AM on 02/25/2026
FOR
STUDENT TO SELF-CARRY MEDICATION & SELF-MEDICATE**

STUDENT NAME: _____ **DOB:** _____
Last Name First Name

Parent/Guardian Name (print): _____

Phone numbers: Home: _____ Work: _____ Cell: _____

I am requesting that my child be permitted to possess and/or self-administer the following medication (hereinafter, the "Medication") to treat a diagnosed chronic health condition:

Name of Medication: _____

Dosage: _____ Time of Administration: _____

Purpose of giving medication: _____

Any possible side effects, contraindications, or possible adverse reactions to be observed with this medication: _____

Number of days to be administered at school: _____

Other medication(s) taken by student (optional): _____

The Medication was prescribed for my child by:

Name of Licensed Prescriber: _____

Telephone Number of Licensed Prescriber: _____

Address of Licensed Prescriber: _____

I understand that in order for my child to possess and/or self-administer this medication at school, I must provide documentation of the following:

1. The prescribing physician's certification that he/she has instructed my child in the correct and responsible use of the Medication. *(See accompanying Prescribing Physician Certification Form, N61 B).*
2. The prescribing physician's certification that my child has demonstrated to the physician (or his designee) the skill level necessary to use the Medication and any associated device necessary to administer the Medication. *(See accompanying Prescribing Physician Certification Form, N61 B).*
3. A written treatment plan outlining the management of my child's chronic health condition and his/her use of the Medication, with such treatment plan to be approved and signed by the prescribing physician. This treatment plan must also include a statement from the prescribing physician certifying that my child is capable of self-administering the Medication *(Physician's Attachment to N61 B).*
4. A signed and dated original of this Parent Release and Authorization form, **N61 A.**

I also understand that my child must demonstrate to the satisfaction of the school nurse the skill level necessary to use the Medication and any associated device necessary to administer the Medication.

I further understand that nothing in this Form, N61 A permits my child to misuse, abuse, or distribute the Medication to others, or in any other way to violate the district's policies regarding the possession, use, and distribution of medication, excepting only the specific possession and use authorized by this Form and the attached Physician Certification. I acknowledge that unauthorized use, possession, and/or distribution of the Medication will result in discipline under district policy and such other action as required and/or permitted by law.

I agree to assume all the risks and responsibilities surrounding my child's possession and/or self-administration of the Medication, and, in advance, agree to release, waive, forever discharge, and covenant not to sue the Ferguson-Florissant School District, its governing board, officers, agents, employees, students, and volunteers, or their respective attorneys (collectively, the "Releasees") for any harm, damage, claim, demand, cause of action, cost or expense of any nature that my child or my family may incur, arising out of or related to any loss, damage or injury, up to and including death, that may be sustained by my child or my family as a result of my child's possession and/or self-administration of the Medication. It is my express intent that this Release shall be deemed a release, waiver, discharge and covenant not to sue the Releasees. I further agree to indemnify and hold harmless Releasees for judgments, fees, and costs associated with any claim asserted in violation of this release, including but not limited to payment of Releasees' attorneys' fees.

Parent/Guardian Signature: _____ Date: _____

I understand that this Form, N61 A and the attached Physician Certification, N61 B are only effective for the current school year and that my child may not carry or self-administer the Medication identified on this form after the conclusion of the current school year unless or until I provide a new Form and Physician Certification.