



Ferguson-Florissant School

OFFICE OF THE SCHOOL NURSE

PRESCRIBING PHYSICIAN'S CERTIFICATION FOR STUDENT TO SELF-CARRY MEDICATION & SELF-MEDICATE

STUDENT NAME: _____ DOB: _____
Last Name First Name

School of Attendance: _____

I, _____ (Name of Prescribing Physician),
hereby certify as follows:

1. **I have prescribed the following medication (the "Medication") for the above-referenced Student, for the treatment of a chronic health condition:**

Name of Medication: _____

Dosage: _____

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): _____

2. **I have instructed the Student in the correct and responsible use of such medication.**

Date of Instruction: _____

Length of Time for Instruction: _____

3. **The Student has demonstrated to me (or to my designee) the skill level necessary to use the Medication and any device necessary to administer the Medication as prescribed.**

Method of Demonstration: _____

Device (if any) Necessary for Administration: _____

4. **I have approved and signed a written treatment plan, stating that the Student is capable of self-administering the Medication, and outlining the management of the Student's chronic health condition and his/her use of the Medication.**

- **The treatment plan referenced immediately above must be attached to this Certification.*
- *The treatment plan must specifically state that the student is capable of self-administration with respect to the Medication identified on this Certification.*

Name of Prescribing Physician (please print): _____

Signature of Prescribing Physician: _____

Date: _____ Telephone Number: _____

Address of Prescribing Physician: _____

I understand that this Physician Certification, N61 B is only effective for the current school year and that this student may not carry or self-administer the Medication identified herein after the conclusion of the current school year unless or until the parent/guardian provides the district with a new Physician Certification and complies with all other requirements under law and district policy.