Student Name: ___________________________ School Year: _______________________

Medication/Treatment: ______________________________________________________

I, the parent or legal guardian of the student listed above, give permission for my child to carry and self-administer the above listed medications/treatments. I have instructed my child to notify the school staff if medications/treatments are used but condition is not improved. I understand that, absent any negligence, the school shall incur no liability as a result of any injury arising from the self-administration of medication by my child. This permission can be revised if there is evidence that the student is not administering medication appropriately.

Printed Name of Parent or Legal Guardian: ______________________________________

Signature of Parent or Legal Guardian: ______________________________________

Date: ______________________

Note: Other forms which are required to be completed in addition to this form:
   - Medication Authorization Form
   - Emergency Action Plan Annual Parental Review