ADMINISTRATION OF MEDICATIONS TO STUDENTS
(Permission Form for Student to Self-Administer Medication)

I hereby certify as follows:

I, _____, the parent/guardian of

_____ ("Student"), a student in the Clinton School District ("District"), am legally authorized to make educational and health care decisions for the student.

I hereby give my permission for the Student to self-administer_____ [name of medication] and to retain such medication in his or her possession. This permission shall be effective for the 2_____ school year and must be renewed each school year.

I have provided the District with a written medical history of the Student's experience with his or her illness (condition), a treatment plan for the condition prepared by the physician, and a plan of action for addressing any emergency situations that could reasonably be anticipated as a consequence of administering the medication and having the condition. I have and will continue to provide the school nurse or administrators with current duplicate prescription medications.

I have provided the District with written certification from the Student's physician stating that the Student (a) has the aforementioned condition; and (b) is capable of, has been instructed in, and has demonstrated to the physician or designee the proper method of self-administration of medication. I understand that the Student will not be allowed to self-administer the medication in school until the school nurse observes the Student's technique and advises the Student in the self-administration of this medication.

I understand that the District and its employees or agents may disclose information provided in accordance with the foregoing paragraphs to administrators, nurses, teachers and other district employees as may be necessary to protect the health of the Student and to establish that the Student has been authorized to self-administer medication. I understand the District shall incur no liability for the disclosure of such information.

I understand that the District and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication by the Student, absent any negligence by the District, its employees or its agents. I shall indemnify and hold harmless the District and its employees or agents against any claims arising out of the self-administration of medication by the Student.

I understand that this permission form is effective for the school year for which it is granted, and that a new permission form supporting documentation as described above, must be submitted for each school year.

Parent/Guardian Signature: _____ Date: _____

For District Use Only

I have observed _____ (Student's name) on _____ (date) satisfactorily demonstrating the proper technique for the self-administration of _____ (name of medication or device).

_____ _____
Signature of School Nurse Date

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Note: ***The reader is encouraged to review policies and/or procedures for related information in this administrative area.***

Implemented: 11/20/2000

Revised: 02/18/2004; 02/27/2006; 01/22/2007

Clinton School District #124, Clinton, Missouri