

# Jemez Valley Public Schools

## AUTHORIZATION FOR STUDENTS TO CARRY SELF ADMINISTERED MEDICATION

\_\_\_\_\_ needs to carry the following medication with him/her on campus during the school day or for after school activities. The above-named student has been instructed in the proper use of the medication and fully understands how to administer this medication. The above-named student has been also been instructed in the proper storage and handling of the medication and fully understands how to safely carry and store this medication.

***For emergency medications, it is preferable that a second prescription inhaler, epinephrine auto injector, additional insulin, and diabetic supplies or other prescribed medication be kept in the school in case the first is lost or left at home.***

Name of Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

\_\_\_\_\_  
*Physician's Name*

\_\_\_\_\_  
*Physician's Address*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Physician's Signature*

\_\_\_\_\_  
*Date*

I have been instructed in the proper use of my prescription labeled medication and fully understand how it is administered. I will not allow another student to use my medication under any circumstances. I also understand that should another student use my prescription, the privilege of carrying my medication may be altered. I also accept responsibility for notifying the School Nurse each time I take my medication.

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Date*

I hereby request that the above-named student, over whom I have legal guardianship, be allowed to carry and use this prescribed medication at school:

- I understand that the medication must be in the original container, labeled with name of student, prescribing health care provider, and medication; date of original prescription; strength and dose of medication; and directions for use.
- I accept legal responsibility should the medication be lost, given to, or taken by another person other than the above-named student.
- I understand that if this should happen, the privilege of carrying the medication may be altered.
- I release Jemez Valley Public Schools and its employees of any legal responsibility when the above-named student administers his/her own medication.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

We accept the parent request and physician statement. We will permit and assist the student to be responsible, but reserve the right to alter the privilege if the student shows signs of irresponsible behavior or there is a safety risk. We will contact the parent and/or the physician as soon as possible in this event.

\_\_\_\_\_  
School Nurse Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date