

PARENTAL AUTHORIZATION TO ADMINISTER MEDICINE

TO: _____
(Principal)

(School)

I am the parent with legal custody, the legal guardian, or individual assuming permanent care and custody of _____, a student attending this school. This student requires medication at intervals during the school day.

I hereby give my consent and authorize and request the school principal, or _____ (an employee of the school district designated by the principal, and me) to:

- _____ Administer _____, a non-prescription medication that I am hereby supplying you, in accordance with the written instructions of the child's physician that is attached hereto.
- _____ Administer _____, a filled prescription medication that I am hereby supplying you, in accordance with the directions for the administration of the medicine listed on the label of the vial.
- _____ Administer _____, a filled prescription medication that I am hereby supplying you, in accordance with the written instructions of the physician prescribing the medicine, which is attached hereto.
- _____ Permit the student to retain the medication on the student's person since the medication must be administered at unpredictable intervals throughout the day. A physician's statement that the student is capable of, and has been instructed in the proper method of, self-administration of medication is attached.

I understand that under state law, the board of education, the school district, or the employees of the district shall not be liable to the student or the student's parent or guardian for civil damages for any personal injuries to the student which result from acts or omissions of school employees in administering the medicine I have hereby authorized or from the self-administration of medication by the student.

Dated this _____ day of _____, _____.

**REGULATION
PARENTAL AUTHORIZATION FOR STUDENT SELF-ADMINISTRATION
OF PANCREATIC ENZYMES**

The undersigned, _____, ("Parent") is the parent or legal guardian of _____, ("Student") who attends _____ School.

By Parent's signature below, Parent understands and agrees to the following:

1. Parent hereby authorizes Student to self-administer Pancreatic enzymes pursuant to the guidelines set forth in District Policy.
2. Parent has read, understands and agrees to the provisions and regulations of District Policy *Student Self-Administration of Pancreatic enzymes*, and understands that violation of the terms and conditions set forth in that Policy by either Student or Parent may result in revocation of Student’s permission to self-administer pancreatic enzymes at school.
4. Parent acknowledges the following statement:

“The District, its employees and agents shall incur no liability as a result of any injury arising from the self-administration of medication by the student.”
5. Parent has read, understands and agrees to the provisions and regulations of District Policy *Dispensing Medications*, and understands that violation of the terms and conditions set forth in that Policy by either Student or Parent may result in revocation of Student’s permission to self-administer pancreatic enzymes at school.
6. Parent has been given a copy of District Policy, *Student Self-Administration of Inhaled Asthma Medication, Anaphylaxis Medication or Pancreatic Enzymes*; a copy of District Policy *Dispensing Medication* and any accompanying signed forms; and a copy of this signed Parental Authorization form.

Signature of Parent or Legal Guardian

Date

(Parent with Legal Custody, Guardian, or Individual Assuming Permanent Care and Custody)

(Address)

WITNESS:

**LOG OF THE ADMINISTRATION OF MEDICINE
FOR THE _____ SCHOOL
SCHOOL YEAR _____ - _____**

| DATE MEDICINE ADMINISTERED | NAME OF STUDENT GIVEN MEDICINE | NAME & TITLE OF PERSON WHO ADMINISTERED MEDICINE | NAME OF MEDICINE | DOSAGE & TIME GIVEN |
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