



LBICSD Student Health Services
Self-Carry/Self-Administer

Permission for Self-Carry/Self-Administration of Medication for Potentially Life-Threatening Illness

The Board of Education disclaims any and all responsibility for the diagnosis and treatment of an illness of any student. However, in order for many students with chronic health conditions and disabilities to remain in school, medication may have to be administered during school hours. The Board will permit the administration of medication in school in accordance with applicable law.

To be completed by health care provider:

Name _____ Date _____

School _____ Grade _____

Medication _____

Dosage _____

Guidelines for Self-Administration (Please be Specific)

I certify (Student Name) _____ suffers from a potentially life-threatening illness _____ (Condition) and is capable of, and has been instructed in, the proper method of self-administration of the above stated medication _____

Physician's Printed Name _____

Physician's Signature _____

Stamp _____ Date _____

To be completed by the parent/guardian:

I acknowledge that the Boards of Education (Policy 5330) shall incur no liability as a result of any injury arising from the self-administration of medication by my child. 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 my child. I give permission for (student's name) _____ to self-carry/self-administer (medication) _____ as prescribed by medical home _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

This permission form is effective only for the school year for which it is granted and must be renewed each school year.