

MAWSECO SCHOOLS

REQUEST TO SELF-ADMINISTER MEDICATION

Student Name: _____ Drug Allergies: _____

I request and authorize my child to self-administer:

This request is based upon the following:

- My child is capable of and has been instructed in the proper method of self-administration of this medication.
- I understand that my child shall be permitted to self-administer this medication as long as this medication is for self-use, is not shared with others, and is used in accordance with the manufacturer's recommendations.
- My child has taken this medication at home and has had no side effects or reactions to it.
- No aspirin-containing medications may be taken at school without a physician's order.
- I understand that if my child misuses or endangers others with the medication, the child will no longer be allowed to self-administer.
- I understand that the school will not be liable for self-administration of this medication.
- I understand that this request is effective for the current school year and must be renewed annually.

Parent Name (Please Print) _____

Parent Signature and Date _____

Student Agreement:

I, _____, agree to:

- Follow the manufacturer's guidelines regarding the use and dosage of this medication.
- Use correct medication administration technique.
- Not allow anyone else to use my medication.
- Notify my teacher or health office under the following circumstances:
 - If my symptoms continue or get worse after taking my medication.
 - If I suspect that I am experiencing side effects from my medication.

Student Signature and Date _____

**Reviewed and accepted by: _____ (LSN) Date: _____

Mawseco Howard Lake Programs
Phone: 320-543-1122 Fax: 320-543-1121

Reviewed: 2015/2016