NLCS-204
5/29/12

NORTH LAWRENCE COMMUNITY SCHOOL CORPORATION

NLCS Nursing Services (phone) 277-4226, (fax) 277-2777

STUDENT PERMISSION TO SELF-CARRY and ADMINISTER MEDICATION

STUDENT AUTHORIZATION TO POSSESS AND ADMINISTER MEDICATION

In accordance with Indiana Public Law 264-2001, effective July 1, 2001, a student may be authorized to possess and self-administer medication for a chronic or acute disease or medical condition if said medication is necessary in an emergency situation.

Section I: Parent Authorization

I authorize my child (name)_____

School_____Grade_____

To possess and self-administer medication due to a chronic or acute disease or medical condition. (Section II below must be completed and signed by the student's physician.)

Parent/guardian signature_____ Date_____

Section II: Physician's Statement

I certify that I am the above named student's physician and that the student has an acute or chronic disease or medical condition for which I have prescribed the following medication to be used in an emergency:

Specify medical condition or disease:_____

Medication, dosage and time to be given:_____

_____

I further certify that the nature of the disease or medical condition may require emergency administration of the medication and that the student has been instructed in how and when to self-administer the medication.

Physician's signature_____Date_____

Physician's printed name_____

Physician Phone_____Physician's Fax_____

Note: This form must be renewed at the beginning of each school year.