Lake Michigan Academy
Medication Self-Carry Form B
Non-Prescription Medications

Student's Name: _____

Last Name First Name Middle Initial

Student's Date of Birth: _____

Start Date: _____ **End Date:** _____

This student may carry and self-administer no more than (1) one dose of each of the over-the-counter medication(s) listed below.

- ▢ **Acetaminophen (Tylenol)** **Dosage:** _____
- ▢ **Ibuprofen (Motrin)** **Dosage:** _____
- ▢ **Calcium Carbonate (Tums)** **Dosage:** _____
- ▢ **Naproxen (Aleve)** **Dosage:** _____
- ▢ **Other:** _____ **Dosage:** _____
- ▢ **Other:** _____ **Dosage:** _____
- ▢ **Other:** _____ **Dosage:** _____

Healthcare Provider:
This student is capable of and has been instructed on how to self-carry and, if applicable, administer this medication as directed on the medication consent form (both correct technique and dose intervals). Please allow him/her to self-carry it during school hours or activities. In the event of an emergency, this student may need assistance from a school staff member in the administration of this medication.

_____ _____
Signature of Healthcare Provider **Date**

Parent/Guardian:
I give consent to Lake Michigan Academy to allow my child to self-carry and, when applicable, to self-administer this medicine at school. I understand that my child and I assume responsibility for the proper use and safekeeping of this medicine. I will provide backup medication to be kept at school. I absolve Lake Michigan Academy and their agents and employees from any and all liability whatsoever that may result from my child carrying this medicine at school.

_____ _____
Signature of Parent / Guardian **Date**

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Student:
I am capable of carrying this medicine as recommended and accept this responsibility. I will keep it secure at all times and will not share it with others. I understand that I will be subject to disciplinary actions if medications are shared. I will inform an adult when medication is used.

_____ _____

Signature of Student **Date**

School Administrator:
I have reviewed this request and agree that this student should be capable of safely self-carrying and, when applicable, self-administering this medication.

_____ _____

Signature of School Administrator **Date**