

SUMMIT PUBLIC SCHOOLS
REQUEST FOR SELF-ADMINISTRATION OF MEDICATION



OUTDOOR EDUCATION PROGRAM

Student's Name: _____ Date of Birth: _____

Parent's Name: _____

Home Phone: _____ Work Phone: _____

To be completed by Physician: (Please print)

I certify that the above-named student has the illness specified below and that this illness is potentially life threatening. I further certify that the student is capable of, and has been instructed in, the proper method of self-administration of medication.

Name of illness: _____

Name and purpose of medication: _____

Prescribed dosage and time to be taken: _____

Date and time when medication should be discontinued: _____

Possible side effects: _____

Conditions under which self-administration will take place:

_____ Independently (child must have had training and be proficient in self-administering medication).

Trainer's name: _____ Date of Training: _____

_____ Under the supervision of an adult designated by the principal.

Medication should be: _____ Stored in the camp office

_____ In the possession of student

May this medication be administered during the school year? _____

Physician's Name (print)

Physician's Signature

Telephone Number

Date

To Be Completed by Parent: I give my permission for my child to self-administer the medication described above.

Parent/Guardian Signature

Date

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Authorization for Self-Administration of Medication

To be completed by parent/guardian:

I/we hereby authorize the Summit Board of Education to allow our child, _____
_____ to self-administer the medication described above. We acknowledge
that the Summit Board of Education and its agents and the employees will incur no liability as a result
of any injury arising from the self-administration of medication requested herein. We hereby agree to
indemnify and hold harmless the Summit Board of Education, the Summit School district, its agents
and employees against any claims arising out of the self-administration of medication requested herein.

We will notify the school nurse if this medication is no longer required or self-administration is
no longer directed by the physician. We understand that permission for self-medication is effective
only for the school year for which it is granted, and that such permission may be renewed for each
subsequent year only upon the submission of a completed request form each year.

Parent/Guardian

Parent/Guardian