

Lincoln Christian School
Permission for Student to Carry & Self-Administer Medications
Other than Inhaled Asthma Medications

Student Name _____ DOB _____ Grade _____

To Be Completed by Student

I have read and understand the medication policy on the reverse side of this form. I understand that I am responsible for the safeguarding of the carried medication and I agree to abide by the policy.

Student Signature _____ Date _____

To Be Completed by Parent

I am the parent/guardian with legal custody of the above named student. I have read and understand the medication policy on the reverse side of this form. I request that my child be allowed to carry and self-administer the physician-ordered medication listed below. I understand that LCS and its employees and agents shall incur no liability as a result of any injury arising from the self-administration of medication by my student. I understand that my student and I are responsible for the safeguarding of the carried medication. I agree to provide the school with an additional supply of the medication ordered below, which can be administered by designated school personnel in the event of an emergency.

Parent/Guardian Signature _____ Date _____

To Be Completed by Physician

Student Name _____ Diagnosis _____

Medication Order _____

Note: If ordered, p.r.n. the interval for repetition of the dose must be specified.

Side Effects to Expect _____

I verify I am providing treatment for the above named student and that he/she is capable of and has been instructed in the proper method of self-administration of the above ordered medication.

Physician's Name Printed _____ Phone _____

Physician's Signature _____ Date _____

Student Carried Medication

When physicians and parents request that medication be student carried and self-administered, this policy will be followed.

- Carrying medication or self-administration of medication without specific prior permission is strictly prohibited.
- Only those medications that are considered to be life sustaining such as inhalers or epi-pens may be carried by students in grades K-5.
- Controlled substances may not be student carried and self-administered under any circumstance. Controlled substances must be administered by designated school personnel.
- No experimental or investigational drug without proper FDA approval or expired medication will be self-administered at school.
- This form must be on file in the Health Room for any medication carried by a student. A new form is required each school year. In the event of a change in dosage amount or time of administration, a new form must be completed.
- Prescription medication must be in a pharmacy container and properly labeled by a pharmacist or licensed physician. The label must contain the following:

Name of student	Time(s) to be administered
Current date	Physician's name
Name of medication	Pharmacy name and phone number
Dosage	

- Non-prescription medication must be in the original container with the proper company label containing the medication name and directions for administration.
- Medications may not be self-administered in a manner other than that specified on the label without written instructions from a licensed physician.
- It is the responsibility of the prescribing physician and/or the parent/guardian to educate the student regarding all aspects of self-administration and custody of medications.
- Any student, who carries an approved medication, is responsible for safe guarding that medication. Employees of LCS will not be responsible for monitoring administration, effects, custody, disposal, or any other aspect of student carried medications. These responsibilities rest with the student and parent/guardian.
- LCS and its employees and agents shall incur no liability as a result of any injury arising from the self-administration of medication by any student.
- Permission to carry medication may be withdrawn for failure to comply with any aspect of this policy.