

RAMSEY PUBLIC SCHOOL DISTRICT

Request and Authorization for Self-Administering Medication

Students at Mary A. Hubbard and Wesley D. Tisdale Schools are never allowed to self-administer

The following section is to be completed by the Parent/Guardian:

Student: _____ Medication: _____ Dosage: _____

School: _____ Grade: _____ Teacher/Counselor: _____

When the school nurse is not present, I request/give my permission for my child to self-administer his/her medication if needed. The Ramsey School District shall incur no liability as a result of any injury arising from self-medication by my child. Further, I shall indemnify and hold harmless the Ramsey Board of Education and its employees or agents against any injuries/claims arising from the self-medication by my child.

Date Parent/Guardian Signature

The following must be completed by the physician:

The above mentioned student has _____ (e.g. asthma, severe allergic reaction to bee stings) a potentially LIFE THREATENING CONDITION, and is capable of, and has been instructed in, the proper method of self-administration of his/her medication.

Medication which is verified for self-administration Dosage

Physician's Signature Date

Physician's Stamp:



The above request has been reviewed by: _____ Date: _____
School Principal

Date: _____
School Nurse