

**Seymour Community School:  
Request for Administration of Medication at School by Trained  
Staff or Self-administered**

**2022-  
2023**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Any medications and health care services will be administered at school following these guidelines:**

- All medication must be in the original container or labeled prescription bottle containing name of medication, dosage, directions for use, & student name.
- **A doctor's prescription will be provided prior to first administration.**
- If the student abuses the self-administration policy, the ability to self-administer may be withdrawn by the school or discipline may be imposed.
- If any changes occur, the parent is to notify the school nurse immediately. **A doctor's change of prescription will also need to be provided.**

**Students/Families MUST bring their own supply of medication to school. The medication will be locked in the nurse's office and it MUST be in the original container.**

**Permission for any medications:**

Medication	Dosage	Route	Time & date to be given or PRN	Prescribing Doctor or per parent	Additional Information/Instructions/ state if self carries

I request the above student be provided the above stated medication at school and school activities by qualified staff or per self as prescribed/designated & a record maintained. The student has experienced no previous side effects from the medication. I further agree that school personnel may contact the doctor/prescriber as needed and that medication information may be shared with school personnel who need to know in accordance with the Family Education Rights & Privacy Act (FERPA).

I understand the school district and its employees acting reasonably and in good faith shall incur no liability for any improper use of medication or for administering, supervising, monitoring, or interfering with a student's self-administration of medication. I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Student (self-administration):** \_\_\_\_\_

**Date:** \_\_\_\_\_