

\* Parents - Please complete entirely for each medication your child will take to camp. \*

**REQUEST FOR: ASSISTED SELF-ADMINISTRATION OF MEDICATIONS  
PRESCRIPTION and NON-PRESCRIPTION MEDICATIONS**

Requests for a student to administer his/her own medication during school hours requires that this statement be filed with the school principal. -Please respond to every item on this form.\* If non-prescription, parent fills out health care provider part.

School _____	School Hours _____	Teacher _____
<b>STUDENT INFORMATION</b>		
Student Name _____	Date of Birth ____/____/____	
Last	First	Middle
Address _____	Phone _____	
Diagnosis (Optional) _____		

**HEALTH CARE PROVIDER STATEMENT**

The health care provider may be a medical doctor (M.D.), physician assistant (P.A.) or a registered nurse practitioner/clinician (RN CS).

To be completed by the health care provider. (If non-prescription medication, parent must fill out.)

Name of Drug \_\_\_\_\_

Date to Start \_\_\_\_\_ through \_\_\_\_\_

Dosage and Times at School \_\_\_\_\_

Does this medication absolutely need to be administered during school hours?

\_\_\_\_ yes \_\_\_\_ no If yes, explain \_\_\_\_\_

Special instructions for Storage and Handling \_\_\_\_\_

Possible side Effects \_\_\_\_\_

Health Care Provider Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

\* Health Care Provider Signature \_\_\_\_\_ Date \_\_\_\_\_  
(for prescription medications)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
(for non-prescription medications)

**STUDENT AND PARENT STATEMENTS**

*I take full responsibility for taking my own medication during school hours as prescribed by my health care provider. Medicine bottles will have the proper pharmacy label. If non-prescription medication, it must be in original container.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*I give consent for my child (name) \_\_\_\_\_ to take his/her own medication during the school day assisted by school personnel as necessary. My child is competent to self-administer the medication with assistance. \_\_\_\_ yes \_\_\_\_ no (Check one)*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number (in case of emergency) \_\_\_\_\_