Church Farm School | CFS

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Release for Self-Administration of Medication

This form must be filled out and signed annually by the healthcare provider, parent/guardian, and scholar for self-carry/self-administration of medications taken on a regular basis. This form must be completed for any emergency/rescue medications such as EpiPens, asthma inhalers, and diabetic supplies.

Please note:

- Students are never permitted to self-carry stimulants or other controlled medications.
- This form will hold valid for on campus, off-campus trips, and athletic events.
- All medications (prescription and non-prescription) must be checked in and labeled by the Health Center nursing staff.
- Rescue medications (EpiPens, inhalers, diabetic supplies, etc.) must always be carried by the student.

Student Name: _____ Student DOB: _____

Healthcare Provider:

This student is under my care. I have given the student instructions for the administration of prescribed and/or over-the-counter medications as listed below and give authorization for self-administration while at school or school-related activities.

This student has been instructed and is able to properly self-carry/self-administer the following medication(s):

Healthcare Provider Name: _____

Healthcare Provider Phone Number: _____

Healthcare Provider Signature: _____

Date: _____

Parent/Guardian:

I understand and agree to the following:

- All prescription and OTC medication must be brought to school by a responsible adult in a properly labeled original prescription container with a copy of the prescription.
- All prescriptions and OTC medications will be stored in the health center. At the discretion of the nurses, certain medications may be dispensed and kept in the cottage.
- I realize that it is the child's responsibility to come for their medication at designated times of the health center staff.
- I authorize Church Farm School personnel to administer and/or my child to carry and self-administer the medications that have been preapproved on the Church Farm School health forms. We shall hold harmless and indemnify Church Farm personnel against claims, judgements and liabilities that arise out of my child's self-administration of medication as prescribed.
- I understand that my child must always carry all prescribed rescue medications (EpiPens, asthma inhalers, diabetic supplies, etc.)

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Scholar:

- I agree and feel competent to take my own medication as prescribed.
- I will follow all school policies regarding medications.
- I will not at any time share my medications with another student.
- I will keep my medicine secure from other students.
- I understand any violation of the above may lead to disciplinary consequences.
- If I am prescribed a rescue medication (EpiPen, asthma inhaler, diabetic supplies, etc.), I will always carry it with me.

Student Signature: _____

Date: _____