

**PARENTAL REQUEST FOR SELF-ADMINISTERING OF DRUGS AND  
MEDICATION AT SCHOOL**

The undersigned parent(s) or legal guardian(s) hereby consent to and authorize  
\_\_\_\_\_, a student at Beals Elementary School,

Name of Student

Beals, Maine, to self-administer a drug or medication or substance known as  
\_\_\_\_\_ with instructions given by the

Name of Medication

child's physician and hereto attached in the Physician's Request for Students to Self-Administer Medication in School.

The undersigned represent and acknowledge that said child requires the specific drug, medication or substance in accordance with the instruction of the physician as attached, and that said child may suffer a serious detriment if the same is not so administered.

With full knowledge of this, I hereby request and give my consent to have the drug, medication or substance specified above, self-administered by my child, under the supervision of the school nurse or another person designated by the superintendent, in accordance with the instructions of the physician.

The undersigned agrees to the following conditions:

- (1) The child will not carry on his person more than one day's dosage of said medication.
- (2) The child will be checked by his/her physician at least once annually.
- (3) The child will take the medication only in accordance with the physician's instructions.
- (4) The physician signing the accompanying request and certification will renew his request in writing every school year.
- (5) The child will receive adequate instruction at home in self-administration of said medication, to include knowledge of desired effect as well as side effects.

PARENT(S) OR LEGAL GUARDIAN(S) SIGNATURE(S):

\_\_\_\_\_

Signature(s)

\_\_\_\_\_

Date

\_\_\_\_\_

Address

DATE ADOPTED: July 1, 2003

DATE REVISED: November 02, 2005