

JPII Catholic Schools Parent Request and Authorization For Student Self-Administration Of Medication

Student _____ Date _____
Grade _____ Date of Birth _____
School _____ School Year _____

Allergies _____

Medication _____ Dose _____
Time/Frequency _____
Route _____ Continue Until _____

The student can self-administer this medication in a secure manner _____ (initial)
This student may carry this medication _____ (initial)

The undersigned, as parent/guardian of the above-named student, requests permission for, and hereby authorizes, the student to self-administer the above-named medication during school hours. Further, the undersigned acknowledges and understands the following:

1. Medication shall be maintained in the original prescription container with original label.
2. JPII staff may examine the medication container upon request, and any medications not maintained in the original container may be confiscated by JPII staff.
3. A JPII school may require the student to store the medication in the school office.
4. The undersigned has reviewed the medication administration procedure with the student and believe student understands the administration procedure and can self-administer the above medication in a secure manner.
5. In addition, the student has received education on any side effects or adverse interactions associated with the medication and how to prevent them.
6. The undersigned will notify the school immediately if the student's health status changes, or there is a change or cancellation of this medication.
7. JPII staff will not be involved in the administration of the above medication and will not be monitoring the student for side effects or student's failure to take the medication. The undersigned and student shall be solely responsible to assure that the medication is taken as prescribed.
8. I further agree that JPII staff may contact the prescriber as needed and that medication information may be shared with JPII staff who need to know.
9. For any controlled medication that the student will self-administer only 2 or 3 pills can be in their possession at one time.

In consideration of this authorization, given at our request, the undersigned agrees to indemnify, defend, and save harmless St. John Paul II Catholic Schools or the Diocese of Fargo, the individual members thereof and any officials or employees of St. John Paul II Catholic Schools and the Diocese of Fargo from any claims or liability for injury or damages, including but not limited to costs and reasonable attorney's fees, caused or claimed to be caused or to result from the administration of the above-described medications.

Parent/Guardian _____ Date _____

Phone _____