



EASTERN CHRISTIAN  
SCHOOL

**SELF-ADMINISTRATION OF MEDICATION IN SCHOOL**

**Request for Self-Administration of Prescription Medication**  
***To be completed by Physician (please print)***

NAME OF STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

MEDICATION: \_\_\_\_\_

DOSAGE: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_

DIRECTIONS: \_\_\_\_\_

POSSIBLE SIDE EFFECTS:  
\_\_\_\_\_

OTHER MEDICATIONS USED AT HOME:  
\_\_\_\_\_  
\_\_\_\_\_

I certify that this student has asthma or another potentially life-threatening illness and is permitted to self-administer the above medication. He/she has been instructed in the proper techniques of self-administration and has demonstrated competence in this technique.

***Conditions under which self-administration will take place:***

\_\_\_\_\_ Under Supervision of School Nurse (or designated personnel)

\_\_\_\_\_ Independently (**child has been trained**)

***Medication should be:***

\_\_\_\_\_ Stored in Nurse's office \_\_\_\_\_ In possession of student

\_\_\_\_\_  
Physician's Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Phone



# EASTERN CHRISTIAN SCHOOL

## MEDICATION CONTRACT

Date\_\_\_\_\_

Student Name\_\_\_\_\_

Grade\_\_\_\_\_

Medication\_\_\_\_\_

I understand that I will use this medication as directed by my physician. I will be responsible and discreet in using this medication and should have this medication **readily available**.

I have been instructed how to self-administer this medication and understand the side effects of improper use. This medication must be carried in the original labeled pharmacy container.

I will not share this medication with anyone else.

I understand that if I do not abide by these regulations, I may forfeit my right to carry and self-administer this medication.

\_\_\_\_\_  
*Student's Signature*

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

### ***To be completed by parent:***

I give permission for my child to self-administer the medication described above. I will notify the school nurse if this medication is no longer required or if the physician no longer directs self-administration. The medication is to be provided by me in the original, labeled container. To my knowledge, my child is not allergic to this medication. I hereby release Eastern Christian School Association and its employees from any liability for injuries or other damages which may result to the student from administration of this medication. Eastern Christian is released from any liability should the student share this medication with another student.

\_\_\_\_\_  
*Parent's/Guardian's Signature*

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