



**TILLERY
CHARTER**
A CLASSICAL ACADEMY

Authorization for Medication for Student to Self-Carry

Please complete this form **IF** it applies to your student.

This student should carry the medication with him/her at all times during the school day, while at school-sponsored events, or while in transit to or from school or school sponsored activities.

Parent or Guardian: *I hereby give permission for my child to self-carry his/her medication that is hereby prescribed by the physician. I have explained to my child the importance and the responsibility of what it means to self-carry the medication.*

Parent Signature: _____ Date: _____

For Licensed Healthcare Provider Use Only:

Name of Medication: _____

Dose/how often to be administered: _____

I have given instructions to the student and parent on how to self-carry and self-administer this medication as directed and deem it necessary for the student to self-carry.

Healthcare Provider's signature: _____ Date: _____

Practice Name and Address: _____

Phone Number: _____ Fax Number: _____

Student: *I am capable of carrying this medicine as recommended and accept this responsibility. I will always secure and will NOT share it with others. I understand that I will be subject to disciplinary actions if medications are shared. I will inform an adult when the medication is used.*

Student Signature: _____ Date: _____