



Health Services Department

Self-Carry / Administration of Medication Authorization Form
Medication to Relieve Headaches, Inhaler, EpiPen, Insulin and/or Pancreatic Enzymes

Student's Name: _____ Date of Birth: _____ Grade: _____

School Name: _____

The following section is to be completed by the parent or legal guardian:

List child's health conditions and allergies: _____

I give permission for my child, named above, to self-administer the following medication:

Name of medicine: _____ Expiration date: _____

Amount to be given: _____ Time(s) to be given: _____

Prescribing doctor's name if indicated for prescription: _____

Illness or condition prescribed for: _____

Beginning Date: _____ End Date (last day of school unless otherwise listed): _____

PARENT/GUARDIAN AUTHORIZATION

I take responsibility for this self-carry permission and will not hold Alachua County Public School personnel responsible in the event my child should fail to self-administer according to their doctor's instructions or follow the directions on the over-the-counter medication. I understand that the Inhaler, EpiPen, Insulin or Pancreatic Enzymes must be in the student's name and in the original in-date pharmacy container labeled appropriately by the pharmacy. Medication to relieve headaches may be carried without a physician's note or prescription if the medication is regulated by the United States Food and Drug Administration for over-the-counter use to treat headaches. Headache relievers must be in the original "in date" container and must not contain aspirin.

If a student who is self-carrying medication is found to be unreliable, abusive of the medication, or if they share the medications with other students, the self-carry privilege will be revoked and reported to administration. This could result in disciplinary consequences for the student. **I understand that, for safety reasons, it is important for the school to know what medication(s) my child is taking and if any changes in the prescription occurs the school nurse will be notified.**

Parent/Guardian Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Signature: _____ Date: _____