

SELF-ADMINISTRATION OF MEDICATION BY STUDENT

A. TO BE COMPLETED BY PARENT/GUARDIAN

Student Name: _____ Grade: _____

I hereby consent to my child administering his/her own medication as described herein. I release the Carden School of Fresno and any employee from any legal liability with respect to my child's administration of his/her medication. I also agree to indemnify the Carden School of Fresno against any claims made by the student or by any party arising out of my child's self-administration of medication or treatment described herein.

I have discussed the importance of the responsible security and handling of this medication with my child.

Signature of Parent/Guardian

Date

B. TO BE COMPLETED BY STUDENT

I agree to use my medication in a responsible manner. I have been instructed on how to self-administer my medications and I understand the proper use. I will use my prescription medication only as prescribed and in accordance with my Healthcare Provider's instructions. I will not share the medication with others. I will notify my teacher if I am having more difficulty than usual with my health condition so that my parents can be notified and emergency assistance can be obtained if necessary.

Signature of Student

Date