



\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Name of Student**                      **ID#**                      **Birthdate**

I am requesting that the above-named student take the following medication during school hours.

Dosage	Time(s) to be given
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I certify that \_\_\_\_\_ has been instructed in the use and  
(Name of Student)

I hereby authorize my child to self-administer, while under the supervision of the employees and agents of the School District, lawfully prescribed medication in manner described above. He/she understands the need for the medication, and necessity to report to school personnel any unusual side effects. He/she is capable of using this medication independently.

I may be reached at the following phone number in the event of a reaction or an emergency:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent                      Date                      Daytime Phone

Name of Emergency Contact \_\_\_\_\_ ( ) \_\_\_\_\_  
Daytime Phone