

<b>Student Name:</b>		<b>Student DOB:</b>
<b>SIGNATURE</b>		
This form must be signed by prescriber to be valid, and can only be signed by an MD/DO; Nurse Practitioner, Certified Physician's Assistant or a provider with prescriptive practice.		
The above named student is under my care. It is medically necessary for medication administration while student is under the control of the school.		
<input type="checkbox"/> It is medically appropriate for the student to self-carry* this medication, <u>when able and appropriate</u> , and be in possession of this medication and supplies at all times (see statement above under Medication Information). This student has been trained to self-administer the medication and is capable of doing this safely.		
<input type="checkbox"/> It is not medically appropriate to carry and self-administer this medication. Please have the appropriate/designated school personnel maintain this student's medication for use if needed.		
<b>Name</b>	<b>Signature</b>	<b>Date</b>
Prescriber:		
School Nurse:		
Principal:		
Other:		
To be completed by School Nurse (or principal designee if no school nurse)		
<input type="checkbox"/> Signed by physician and parent	<input type="checkbox"/> Medication is appropriately labeled	<input type="checkbox"/> Medication Log generated
Notes:		

\*Student may carry some medication in certain circumstances. This applies to asthma medication, epinephrine auto-injectors, and diabetes medications, and ONLY after supplemental forms are completed and turned in to the school. *District and school medication policies have the final say on whether medication other than asthma medication, epinephrine auto-injectors, and diabetes medications can be self-carried.*