Pike Road Schools
Medication Self-Administration Documentation and/or Medication Authorized to Keep on Person Documentation

_____ _____
Student Name Grade

_____ _____
Name of Medication School

✔ Standardized Medication Authorization is complete with parent and prescriber affirmation signatures authorizing this student to self administer medication and keep his/her medication on person.

✔ The student's Individual Health Care Plan is complete

_____ Parent/Prescriber Authorization matches the prescription label, and the label is intact.

_____ Medication is not expired: Product manufacturer expiration date _____

_____ Student has knowledge of medication administration and safety, including information addressed in their Health Care Plan

_____ Student demonstrates knowledge, skill and experience of his/her chronic illness and medication. They verbalize potential side effects and adverse reactions, including when to contact the school nurse or prescriber.

Parent Prescriber Authorization for Self Administration of Medication:

_____ The student agrees they are accountable for safe and appropriate self-administration of the authorized medication. They have been informed of legal policies and requirements related to self-administration of authorized medication and will not give or share medication with another person.

Parent Prescriber Authorization for Medication to Keep on Person:

_____ Student agrees they are accountable for safe and appropriate possession of the authorized medication. They have been informed of legal policies and requirements for possessing authorized medication and will not give or share medication with another person.

_____ _____
Parent/Guardian Signature Date

_____ _____
Student Signature Date

Parent Prescriber Authorization request that this student be allowed to possess and/or self-administer his/her own medication. I am reasonably assured that this student will safely and appropriately possess and /or self-administer his/her prescribed medication as ordered in the school setting. This student currently demonstrates knowledge, skill, and experience of his/her chronic illness and medication.

_____ _____
Nurse Signature Date