



*Tanque Verde Unified School District #13  
Tanque Verde High School*

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**PERMISSION FOR ADMINISTERING MEDICATION:  
SELF-ADMINISTRATION**

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School Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_ Weight: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Diagnosis or Reason for Medication: \_\_\_\_\_

Dose: \_\_\_\_\_ Frequency or Time(s) to be Taken: \_\_\_\_\_

Prescription medication must be in the original container as prepared by a pharmacist and labeled; including the student's name, name of medication, dosage and the time(s) to be administered. Any over-the-counter medication must be in the original packaging with all directions, dosages, compound contents and proportions clearly marked.

A signed physician's statement indicating the necessity for self-administration of medication must accompany this permission form, whether it is prescription or over-the-counter medication. *Except* in the case of medication for diagnosed anaphylaxis requiring auto-injectable epinephrine and breathing disorders requiring handheld inhaler devices. In these cases, the student's name and the prescription label is sufficient for the physician's recommendation.

By signing this form, the parent/guardian hereby gives permission for the student to self-carry and administer the medication listed above.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_