

NLCS-204
5/29/12

NORTH LAWRENCE COMMUNITY SCHOOL CORPORATION
NLCS Nursing Services (phone) 277-4226, (fax) 277-2777

STUDENT PERMISSION TO SELF-CARRY and ADMINISTER MEDICATION

STUDENT AUTHORIZATION TO POSSESS AND ADMINISTER MEDICATION

In accordance with Indiana Public Law 264-2001, effective July 1, 2001, a student may be authorized to possess and self-administer medication for a chronic or acute disease or medical condition if said medication is necessary in an emergency situation.

Section I: Parent Authorization

I authorize my child (name) _____

School _____ Grade _____

To possess and self-administer medication due to a chronic or acute disease or medical condition. (Section II below must be completed and signed by the student's physician.)

Parent/guardian signature _____ **Date** _____

Section II: Physician's Statement

I certify that I am the above named student's physician and that the student has an acute or chronic disease or medical condition for which I have prescribed the following medication to be used in an emergency:

Specify medical condition or disease: _____

Medication, dosage and time to be given: _____

I further certify that the nature of the disease or medical condition may require emergency administration of the medication and that the student has been instructed in how to self-administer the medication.

Physician's signature _____ **Date** _____

Physician's printed name _____

Physician Phone _____ **Physician's Fax** _____

Note: This form must be renewed at the beginning of each school year.