



**Douglas County School District #15
Days Creek Charter School**

Authorization for Medication Administration and Self-

Student _____ Date of Birth _____ School Year _____

Parent(s)/Guardian(s): _____

Parent/Guardian: Please indicate below how your child's medications will be managed

Medications to be **administered by school staff**

Medications to be **self-administered** by student

Over the counter Medication

Over the counter Medication

Prescription Medication

Prescription Medication

Epi-pen (Allergy _____)

Epi-pen (Allergy _____)

Student Carries

Student Carries

Inhaler (Reason _____)

Inhaler (Reason _____)

Student Carries

Student Carries

Name of Medication: **MUST BE COMPLETED BY PARENT/GUARDIAN**

Name of Medication	Staff or Student to Administer	Dose	Route	Time(s) to be administered	Expiration Date	Reasons

By signing below, I consent to the release of the information pertaining to my child's health to the staff members who have custodial care and those who may need to know to maintain my child's health and safety during the school day. I agree to provide non-expired medication with original or prescription labeling. I give permission to authorized staff members of the Douglas County School District #15 to administer the above medication(s) to my child. *I have read and understand Douglas County School District #15, Policy for Medication Administration and Student Self-medication Administration.*

Parent/Guardian Signature _____ Date _____

Student Self Administration: ONLY COMPLETE IF STUDENT WILL CARRY AND ADMINISTER MEDICATION (Inhalers and Epi-pens)

I agree that my child is developmentally able to administer the above named medication safely and responsibly.

Parent/Guardian Signature _____ Date _____

I agree to comply with the self-medication administration policy and I understand I can be disciplined for not doing so.

Student Signature _____ Date _____

This student may carry and self-administer this medication as prescribed

Physician/Licensed Health Care Provider Signature _____ Date _____