

**SCHOOL CITY OF HAMMOND
HEALTH SERVICES**

**AUTHORIZATION FOR STUDENT
SELF-ADMINISTRATION OF MEDICATION AT SCHOOL**

Students with medical condition may possess and self-administer medication(s) at school and school sponsored events during the times and in the places set forth under (I.C. 20-8.1-5.1-8(b) if the following conditions are met:

1. The parent/guardian has filed written authorization with the student's principal for the student to possess and self-administer the medication. This authorization must include the statement described below.

2. A physician's written statement that:
 - a. The student has a medical condition for which the physician has prescribed medication;
 - b. The student has been instructed in how to self-administer the medication;
 - c. The nature of the disease or medical condition requires emergency administration of the medication.

3. The parent/guardian's written authorization and physician's written statement must be filed **each school year** with the health services department.

Student's Name: _____ Date of Birth: _____

The above-named student has been diagnosed with the following chronic disease or medical condition _____ for which I have prescribed the following medication(s): _____

(Please list the medication, dosage, route of administration and frequency)

The student has been instructed how to self-administer the above medication(s). I am also verifying that the nature of this student's disease or medical condition is such that the above listed medication(s) require(s) emergency self-administration by the student.

Physician's Signature

Date

I give authorization for student: _____
to possess and self-administer the above listed medications(s).

Parent/Guardian's Signature

Date

School Year