

NORTH SHORE CENTRAL SCHOOL DISTRICT

Provider Attestation/Permission and Parent Permission  
For Independent Medication Carry and Use

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Healthcare Provider Attestation/Permission for Independent Use and Carry

I attest that this student has demonstrated to me that they can self-administer the medication(s) listed below safely and effectively, and may carry and use this medication (with a delivery device if needed) independently at any school/school sponsored activity. Staff intervention and support is needed only during an emergency. This order applies to the medication(s) below:

DIAGNOSIS/ LIST ALL ALLERGENS/ INDICATION	MEDICATION	DOSAGE	ROUTE	FREQUENCY/ TIME

I request that the student be permitted to carry the medication in a properly labeled container on their person or to keep in their locker/PE locker, as I consider them responsible. They have been instructed in, and understand, the purpose of the medication, appropriate dosage and frequency of use. **Note: It is the parent/guardian’s responsibility to monitor on a daily/ongoing basis that student is carrying and taking medication as directed.**

Name/Title of Provider (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Provider’s Signature: \_\_\_\_\_ **STAMP:**

Parent/Guardian Permission for Independent Use and Carry

I agree that my child can use their medication effectively and may carry and use this medication independently at any school/school sponsored activity. Staff intervention and support is needed only during an emergency. **I will provide the medication in the original, pharmacy or over-the-counter container and ensure the expiration date lasts throughout the school year. I will provide an additional dose of medication to the Health Office in the event my child does not have access to their carried medication.** I will monitor on a daily/ongoing basis that my child is carrying/taking their medication as directed.

Name Parent/Guardian (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ (5/23)

