

SHORECREST PREPARATORY SCHOOL, INC.

**PERMISSION FOR STUDENT POSSESSION
AND SELF-ADMINISTRATION OF MEDICATION**

It is understood that school personnel will not be responsible or liable for the administration of the medication listed below. It is further understood that proper instruction in the use of the medication has been given to parent and student by the physician. The privilege of self-administration of medication will be withdrawn if abused by the student. All medications must be kept in their original labeled container, and a second labeled container may be kept in the clinic or division office.

Student's name: _____ Birth date: _____

Name of medication:

Dosage/instructions for use:

When/how often:

What other emergency measures should be instituted if medication proves ineffective:

I give my permission to Shorecrest Preparatory School, Inc. to allow my child to carry and self-administer the above prescribed medication. I am confident that my child has been properly instructed and is capable of self-administering this medication, and I will not hold Shorecrest Preparatory School, Inc. responsible in the event of a possible error. I understand that the privilege of self-administration of medication will be withdrawn if abused by the student, and the student may be subject to other disciplinary consequences.

Parent signature: _____ Date: _____

I agree to carry, store, and self-administer my medication according to my doctor's instructions. I will not share my medication with any other person. I understand that if I abuse this privilege, the privilege of carrying and self-administering my medication may be withdrawn and I may be subject to other disciplinary consequences.

Student signature: _____ Date: _____