

**Woodbury Public Schools
School Health Office**

SELF - MEDICATION FORM

I, the parent of _____, have submitted the completed Self-medicated Permission Statement form as determined by competent medical authority, thereby advising the Woodbury Board of Education that my child has a life threatening illness. This illness does require that he/she take medication. My son/daughter is capable of administering the medication and has been instructed in the proper method of taking the medication by himself/herself.

I hereby authorize the Board of Education to allow my child to self-administer his/her medication. I have been advised by the representatives of the Board of Education that the Board shall not be responsible for any liability or resulting injury to my son/daughter arising from the self-administration of medication. I hereby agree to indemnify and hold harmless the Board of Education, its agents and/or employees from any liability relating to or resulting from the self-administration of my child.

Signature: _____

Witness: _____

Date: _____

**Woodbury Public Schools
School Health Office**

SELF-MEDICATION PERMISSION STATEMENT

Student Name: _____ Date of birth _____

Name of school: _____

PHYSICIAN STATEMENT

Potentially life threatening illness

Medication to be self-administered:

Dosage: _____ Frequency

Length of time: _____

(Not to exceed end of school year)

I certify that the above named student is capable of and has been instructed in the proper method of self-administration of the medication prescribed above.

PHYSICIAN NAME: (print) _____

PHYSICIAN SIGNATURE: _____

PARENT / GUARDIAN STATEMENT

As the parent/guardian of the above named student, I hereby give permission for the self-administration of the medication as prescribed by the above physician.

I further agree not to hold the Woodbury Board of Education, or any other staff member, responsible for the reaction or complication that might be the direct result of the action taken as directed herein.

PARENT/GUARDIAN: (print) _____

PARENT/GUARDIAN SIGNATURE: _____