



**DORCHESTER SCHOOL DISTRICT TWO
AUTHORIZATION FOR SELF-MONITORING
AND/OR SELF-ADMINISTRATION**



The following is to be completed by Physician/Legal Prescriber.

Name of Student: _____ DOB: _____ Grade _____

Diagnosis for which this medication is prescribed for: _____

Name of medication: _____

Dosage: _____ Form: _____ ICD-10 Code: _____

Times medication to be taken at school: _____

If as needed, list indications: _____

List any potential reactions with appropriate treatment: _____

Other information: _____

I hereby authorize student to self-monitor and/or self-administer this medication in accordance with the orders listed above. I verify that this student's medical condition is such that self-monitoring and/or self-administration of a prescribed medication for this condition at school, on school grounds, at school-sponsored activities, or during before-school or after-school activities on school-operated properties is appropriate.

I further verify that the student has been trained and has demonstrated competency in self-monitoring and/or self-administration of a prescribed medication for this condition.

Physician/Legal Prescriber

Signature of Physician/Legal Prescriber

Office Phone Number

Office Fax Number

Date

The following is to be completed by a parent/legal guardian and student.

I hereby authorize my child to self-monitor and/or self-administer a prescribed medication as ordered by his/her health care practitioner as described above while at school, on school grounds, at school-sponsored activities, or during before or after-school activities on school-operated property.

I understand that this authorization must be updated annually. I also understand that my child's permission to self-monitor and/or self-administer a prescribed medication for a medical condition shall be revoked if he/she demonstrates lack of responsibility or endangers him/herself or others through misuse of the monitoring device or medication.

I hereby acknowledge that Dorchester School District Two, its employees and agents, are not liable for any injury arising from my child's self-monitoring or self-administration of a prescribed medication. Further, I hereby agree to indemnify and hold harmless the former against any claims arising from my child's self-monitoring and/or self-administration of a prescribed medication.

Signature of Parent/Legal Guardian

Date

Signature of Student

Date