CENTRALIA R-VI SCHOOL DISTRICT
Dr. Steven Chancellor
Superintendent
steven.chancellor@catnet.gen.mo.us
www.centralia.k12.mo.us
1399 E. Highway 22, Suite B
Centralia, Missouri 65240
(p) 573-682-3561
(f) 573-682-2181

Permission Form for Student to Self Administer Medication(s)

I hereby certify as follows:

I, _____, the parent/guardian of _____, a student in the Centralia R-VI School district, am legally authorized to make educational and health care decisions for the student.

I hereby give my permission for the student to self-administer the following medication for his/her illness ("condition"). The medication is _____ _____.

I have provided the school nurse with written documentation or have verbally communicated with her concerning my child's medical condition and need for medication. A written physician prescription has been provided to the school nurse as well.

I understand that the District and its employees or agents may disclose information provided in accordance with the foregoing paragraphs to administrators, nurses, teachers and other district employees as may be necessary to protect the health of the student and to establish that the student has been authorized to self-administer medication. I understand the District shall incur no liability for disclosure of such information.

I understand that the District and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medications by the student, absent any negligence by the District, its employees or its agents. I shall indemnify and hold harmless the District and its employees or agents against any claims arising out of the self-administration of medication by the student.

I have and will continue to provide the school nurse or administrators with current prescription medication and any information regarding the health care of my child. I will also provide the school nurse the appropriate emergency action plan and phone numbers of the appropriate person(s) to contact in case of an emergency.

_____ _____

Signature Date