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Medication Self Administration Form 2022-2023

-ONE (1) MEDICATION PER FORM – REQUIRED FOR ALL MEDICATION to be carried by student.

-Form is required to be completed each school year (and with changes)

-Medication must be submitted in original container / with a printed label from the pharmacy (if prescription) that matches below information

Self-carrying medication is not available for students in grade K-5.

Physician, paren/guardiant and Licensed School Nurse must evaluate student’s ability to self-carry and administer medication appropriately and provide approval.

Student may not misuse the medication or share medication with other students. They will lose the privilege to self- carry.

Student Name: _____ Grade: ____ Birth Date: _____

Prescriber Portion

Medication Name: _____ Concentration: _____

Dose: _____ Route: _____ Frequency: _____

Indication or instructions for “as needed” med: _____

Possible Side Effects: _____

The student is capable, has been instructed in the proper use of this medication, and may self-carry / self-administer this medication: Yes No (Check one)

Date: _____ Prescriber Name: _____

Prescriber Signature: _____ Phone/Fax: _____

Parent/Guardian Portion

I give permission to my child, _____ to self- administer _____

Date: _____ Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Phone: _____

Licensed School Nurse Portion: _____ demonstrates the ability to self- carry and administer _____ responsibly.

Licensed School Nurse (LSN) Name: _____

Signature: _____ Date: _____