

**SELF ADMINISTRATION OF STUDENT MEDICATION AUTHORIZATION**

I, \_\_\_\_\_, as the parent or legal guardian of \_\_\_\_\_ (student's name) hereby authorize my child to possess and self-administer emergency medication at school, on school grounds, at school sponsored activities, on school transportation, and during school-related programs.

My child has been diagnosed with \_\_\_\_\_ (name of specific life-threatening allergies or asthma), and is capable of, and has been instructed by \_\_\_\_\_ (name of physician) in the proper self-administration of the emergency medication indicated for the treatment of his/her allergies or asthma.

My child and I have been advised by his/her physician of the possible side effects of the emergency medication and have been informed of when and how to access emergency services. I understand, and my child understands, that in the event he/she self-administers their emergency medication, they must notify a school employee immediately.

The attached plan of action developed for the \_\_\_\_\_ school year in consultation with the school nurse, is based upon documentation provided by my child's physician and includes the name of each emergency medication, the dosage, and the times and circumstances under which the medication is to be used. The plan also includes the names of the individuals who will be given copies of the plan and indicates that the medication provided is solely for the use of my child.

I hereby release Colchester School District, its employees, agents, volunteers and its board members, from liability as a result of any injury arising from my child's self-administration of emergency medication, except when the conduct of the school, school employee, or agent would constitute gross negligence, recklessness or intentional misconduct.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, Vermont  
by:

\_\_\_\_\_  
Parent or Legal Guardian's Signature

Witnessed by:

\_\_\_\_\_

