



AUTHORIZATION TO SELF-ADMINISTER AND RETAIN MEDICATION ON PERSON

(Student name) _____ has been instructed in the proper use of the
_____ inhaler/injectable/specialized equipment.

We, _____ (Physician) and _____ (Parent, Legal Guardian), request that the above-named student be permitted to carry the medication on his/her person or to keep the medication in his/her locker, as we consider him/her responsible. He/She has been instructed in and understands the purpose and appropriate method and frequency of use of the medication. I understand this request is governed by Town and Country School regulations on self-administration of medication and there are conditions and exceptions to self-administration. I acknowledge I may receive a copy of this regulation, upon request. Also, I have instructed my child to inform school personnel if symptoms persist so additional emergency care can be obtained, if needed. I have also been advised that this permission may be revoked if my child misuses the medication, including permitting other children to use the medication. I understand that the Town and Country School, its agents and employees, shall incur no liability for any adverse reaction or injury suffered by the student as a result of the self-administration of medication and/or using the specialized equipment. We, the undersigned, absolve the school of any responsibility in safeguarding our child's medication.

Physician's Name (Print) _____

Physician's Name (Sign) _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____

*This request shall not extend beyond the end of the current school year.

**This contract does not apply to Ritalin or any other controlled substance.