

NORTH LAWRENCE COMMUNITY SCHOOL CORPORATION  
NLCS Nursing Services (phone) 277-4226, (fax) 277-2777

STUDENT PERMISSION TO SELF-CARRY and ADMINISTER MEDICATION

STUDENT AUTHORIZATION TO POSSESS AND ADMINISTER MEDICATION

In accordance with Indiana Public Law 264-2001, effective July 1, 2001, a student may be authorized to possess and self-administer medication for a chronic or acute disease or medical condition if said medication is necessary in an emergency situation.

Section I: Parent Authorization

I authorize my child (name) \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

To possess and self-administer medication due to a chronic or acute disease or medical condition. (Section II below must be completed and signed by the student's physician.)

**Parent/guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Section II: Physician's Statement

I certify that I am the above named student's physician and that the student has an acute or chronic disease or medical condition for which I have prescribed the following medication to be used in an emergency:

Specify medical condition or disease: \_\_\_\_\_

**Medication, dosage and time to be given:** \_\_\_\_\_

\_\_\_\_\_

I further certify that the nature of the disease or medical condition may require emergency administration of the medication and that the student has been instructed in how to self-administer the medication.

**Physician's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Physician's printed name** \_\_\_\_\_

**Physician Phone** \_\_\_\_\_ **Physician's Fax** \_\_\_\_\_

Note: This form must be renewed at the beginning of each school year.