

BOARD OF COOPERATIVE EDUCATIONAL SERVICES  
HEALTH AND ALLIED SERVICES

SELF-MEDICATION PERMISSION FORM

DATE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

has been instructed in the proper use of the following medication procedure:

\_\_\_\_\_  
\_\_\_\_\_

We (Physician's signature): \_\_\_\_\_

and (Parent or Guardian's signature): \_\_\_\_\_

request that (Child's name): \_\_\_\_\_

be permitted to administer his/her medication as we consider him/her responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency of use.

NOTE: This form must be completed *in addition* to routine district medication form for those students who request permission to carry their own medication on campus.