



**Permission to Self-Carry & Self-Administer  
Rescue Medication Form 2025-2026**

**Student:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

The above-named student has permission to possess and to self-administer, as needed, the following medication(s) during school hours:

**Medication(s)** \_\_\_\_\_

**Amount/Frequency** \_\_\_\_\_

**Reason and Comments** \_\_\_\_\_

Have you thoroughly discussed the self-administration procedure and dosage?  YES  NO

Have you advised your child **NOT** to share medication with anyone else?  YES  NO

Where is the medication going to be located? \_\_\_\_\_

Has the teacher been notified of the medication location?  YES  NO

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office use only**

Student has demonstrated proficiency to self-medicate to appropriate staff. \_\_\_\_\_ YES \_\_\_\_\_ NO

**Nurse Signature:** \_\_\_\_\_