Greenburgh Central School District
Our Children. Our Focus. Our Future.

SELF MEDICATION AUTHORIZATION FORM

Each student who is permitted to self-administer medication should have an emergency care plan on file with the District. Further, the school will maintain a record of all written parental consents in the student's cumulative health record. For students with carry/self-medication orders, it is the responsibility of the prescribing practitioner to determine the student's ability to be "self-directed."

School health office personnel will also maintain regular parental contact in order to monitor the effectiveness of self-medication procedures and to clarify parental responsibility as to the daily monitoring of their child to ensure that the medication is being utilized in accordance with the physician's or provider's instructions. Additionally, the student will report to the health office on a periodic basis as determined by health office personnel to maintain an ongoing evaluation of the student's management of self-medication techniques, and to work cooperatively with the parents and the student regarding self-care management

Students who self-administer medication without proper authorization will be referred for counseling by school nursing personnel, as appropriate. Additionally, school administration and parents will be notified of such unauthorized use of medication by the student, and school administration may determine the proper resolution of this behavior. Under no circumstances will students be permitted to carry and self-administer any medications classified as controlled substances by the U.S. Drug Enforcement Administration.

1. STUDENT INFORMATION

Student Full Name		
Date of Birth	Grade	Gender ☐ Male ☐ Female

2. PARENT/LEGAL GUARDIAN INFORMATION

Parent/Legal Guardian Name	
Parent/Legal Guardian Signature	Date

3. PRESCRIBER AUTHORIZATION

I request that the student listed above be permitted to carry the medication on his/her person. He/she has been instructed in and demonstrated an understanding of the purpose and appropriate method and frequency of, use, as well as any adverse reaction(s) and intervention(s). This student has been instructed in the proper use of the following medication procedures:

MEDICATION NAME	DOSE	FREQUENCY	ROUTE

Prescriber Name	
License Number	Phone Number
Prescriber Signature	Date