

Student Name: \_\_\_\_\_ Teacher \_\_\_\_\_  
School Year \_\_\_\_\_

**Central Park  
School for Children  
Authorization for Self-Medication by Student (FORM 2)**

This form should be used only when your child will possess and self-administer his/her medication.

**NOTE: If school personnel will be administering medication to your child, please fill out Form 1.**

I am choosing to allow my child to self-administer the following medication at school:

Name of medication: \_\_\_\_\_

Recommended dosage of medication to be taken each time \_\_\_\_\_

How many times per day is it taken \_\_\_\_\_ Time(s) of day \_\_\_\_\_

Which type of medication:

inhaler \_\_\_\_\_ Capsule \_\_\_\_\_ pill \_\_\_\_\_ lozenge \_\_\_\_\_

drops \_\_\_\_\_ injection \_\_\_\_\_ skin cream \_\_\_\_\_

Size and color: \_\_\_\_\_

**Students** may possess and self-administer non-prescription medication only when a parent/guardian has completed this form. Students may possess and self-administer prescription medications only when a parent/guardian has provided the prescription and the prescription medication noted on this form.

**Parent/Guardian:** I give consent to the CPSC to allow my child to self-administer this medicine.

- I understand that my child and I assume responsibility for the proper use and safekeeping of this medicine. I agree that if the medication my child is authorized to self administer is non-prescription, my child shall not bring to school any more than one day's recommended dosage for each day my child is authorized to self-medicate.
- If the medication that is prescribed for my child is for the treatment of asthma or anaphylactic reactions, I agree to provide a supplementary supply of the medication that will be kept by the school in a location to which my child has immediate access.
- I acknowledge CPSC employees are not liable for any injury arising from a student's possession and self-administration of this medication at school.
- I further consent for the information about my child included on this form to be shared with appropriate school staff as necessary for the safety of my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_