



ONEIDA BAPTIST INSTITUTE

Outstanding. Bold. Inspiring.

Self-Administration of Medication Permission Form

Kentucky state law now allows school students to self-administer the Epi-Pen and asthma medications when the school receives written authorization from the child's parent/legal guardian and health care provider. The statements are kept on file at the school and remain effective for the school year. They must be renewed each school year.

I, _____, the parent/legal guardian of _____,
(student's name)

give my consent for my child to self-administer the following medication(s): _____.

Describe method (Epi-Pen or inhaler) that will be needed for the medical condition: _____.

when the following symptoms occur: _____.

I execute my permission voluntarily with full knowledge of its significance and acknowledge that the school has no liability from an injury sustained by a student from self-administration of medication. Also, to ensure my child has his/her medication while enrolled at Oneida Baptist Institute, I will provide a spare unit that will be stored and available in the appropriate dormitory office.

I have read this consent form and understand all its terms.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

Self-Administration of Medication Physician's Statement

I, _____, attending physician of _____,
(student's name)

do hereby acknowledge the necessity of allowing self-administration of medication of this patient in the event he/she experiences: _____.

IDENTIFY HEALTH CONCERN

while attending Oneida Baptist Institute. This condition is of such serious nature that there would not be sufficient time to be removed from his/her current location or await the arrival of medical help. The student may carry the medication in his/her possession. This student has been instructed on the indication for medication usage and methods of administration.

SPECIFIC MEDICATION DOSAGE OR MEDICAL ADVICE

SIGNATURE OF PHYSICIAN

DATE

