



**Northville Public Schools Medication Prescriber/Parent Authorization Form for Self Administration/Self-Possession**

Self-administration means that the student can administer the medication in a manner directed by the physician without additional direction or supervision by school staff. Self-possession means that under the direction of the physician, the student may carry medication on his/her person to allow for immediate and self-determined administration. For medication other than inhalers, only that day's supply of medication is to be carried. The school district recommends that spare medication, properly labeled in its original container, be kept in the clinic/office in case the student runs out/forgets the medication. The building administrator may discontinue the student's self-administration privilege upon advanced notice to the parent/guardian. (If the medication is an inhaler and the student is found to be improperly using the medication, the student's physician and parent(s) will be contacted regarding future self-possession). The student must carry a copy of this form at school.

**Student Name:** \_\_\_\_\_

**To be completed by student:**

I agree to:

Never share my medication with another person.

Carry the medication in its original properly labeled prescriptive/over-the-counter container.

Take medication only at the prescribed time/frequency and dose.

Carry a copy of this form with me and present it to school staff if asked.

I am knowledgeable regarding the dose, desired effects, side effects, administration, etc. of the medication(s). I understand if I do not comply with this agreement that the medication will be confiscated and returned to my parent(s)/guardian, and the privilege(s) of self-administration/self-possession denied. (If the medication is an inhaler and it is found that I have improperly used the medication, my physician and parent(s) will be contacted regarding future self-possession).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Date form received in school office from parent/physician/student:** \_\_\_\_\_