

**Superintendent File: JLCD-E-3**

**PERMISSION TO CARRY/SELF-ADMINISTER MEDICATION**

**STUDENT NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_ **DOB** \_\_\_\_\_

**MEDICATION** \_\_\_\_\_ **DOSAGE** \_\_\_\_\_

**Route of Administration** \_\_\_\_\_ **Time/Frequency** \_\_\_\_\_

**Purpose of Medication** \_\_\_\_\_

Through my consultation with the above-named student's parent(s)/guardian(s), as well as my own assessment of the student ("Student"), I have determined that the Student is able to identify his/her correct medication, demonstrate correct self-administration of the above-listed medication ("Medication"), and has knowledge of the required dosage and timing/frequency of use of the Medication. The Student has knowledge of his/her condition and is sufficiently responsible and able to properly carry and self-administer the Medication during the school day. The Student has been instructed in the purpose, appropriate method, and frequency of use of the Medication and is capable of self-administering the Medication. A new form must be completed for all medication changes.

\_\_\_\_\_  
(Physician Signature) (Date)

\_\_\_\_\_  
(Physician's Printed Name) (Physician's Telephone Number)

It is understood that the Medication will be self-administered solely at the request of, and as an accommodation to, the undersigned parent(s) or guardian(s). The undersigned parent(s) or guardian(s) hereby agree(s) to release the Douglas County School District Re. 1 and its personnel from any and all claim(s), which they now have or may hereafter have arising relating to an act or omission of the Student's use of the Medication.

\_\_\_\_\_  
(Parent or Guardian Signature) (Date)

**For students diagnosed with asthma, anaphylaxis, severe allergies, and/or other related life-threatening conditions:**

- The School Nurse and the above-referenced Physician have collaborated to formulate a health care management plan, which is attached to this form.
- The School Nurse, the above-referenced Physician and the Student have entered into a Permission to Carry/Self Administer Medication Contract which is attached to this form.

Corresponding District policy JLCD is located at:  
[https://www.dcsdk12.org/sites/default/files/boardofeducation/policies/jpolicies/JLCD rev 5-16-2006.pdf](https://www.dcsdk12.org/sites/default/files/boardofeducation/policies/jpolicies/JLCD%20rev%205-16-2006.pdf)

Adopted: October 1, 1991  
Revised: April 4, 2006, to conform to current law; December 8, 2005; May 16, 2006  
Cross Ref.: JLCD  
Legal Refs.: C.R.S. 22-1-119