



PALOUSE PRAIRIE  
CHARTER SCHOOL

nurturing minds | inspiring leaders

### AUTHORIZATION FOR SELF-ADMINISTERED MEDICATION

In accordance with Palouse Prairie Charter School Medical Policy 3510, any charter school employee authorized in writing by the school director may assist in the self-administration of a prescription drug to a pupil in compliance with the written instructions of a licensed health care practitioner, if the pupil's parent/guardian consents in writing.

#### To be completed by parent:

Student Name:

Grade:

DOB:

Parent/Guardian Name:

Phone:

I give my permission to self-administer the medication described below. I shall indemnify and hold harmless Palouse Prairie Charter School and its employees or agents for legal fees, costs, and any potential damages concerning self-administration of this medication arising out of any claims brought by the above named child or anyone else.

Parent Signature:

Date:

#### To be completed by physician:

Name and purpose of medication:

Identification of chronic medical problem:

Prescribed dosage and length of time to be taken:

Possible side effects and/or precautions:

Prescribing Physician printed name:

Signature:

Date: