

PLEASE COMPLETE THIS STATEMENT ONLY IF STUDENT IS TO SELF-ADMINISTER

I have seen this child and agree with all the information provided on this authorization form. This student is allowed to self-administer this medication in the classroom and any area of the school or school grounds, at a school sponsored activity and to and from a school-sponsored activity and understands the implications of doing so. He/she has demonstrated competency in self-monitoring and self-administration of this medication. The parents are aware that they can not hold Mitchell Road Christian Academy responsible for the adverse outcome of this action.

Physician's Signature _____ Initials _____ Date _____

Office Address _____ Office Phone _____