Authorization of SELF CARRY of Emergency Medication at School

(MUST BE SIGNED BY PARENT/LEGAL GUARDIAN AND PHYSICIAN)

Medications approved for self-carry at MRCA include:

Midazolam or Diazepam Nasal Spray for seizures lasting longer than 5 minutes

PLEASE PRINT

STUDENT_____**DOB**_____

PARENT/LEGAL GUARDIAN_____**TEACHER**_____

NAME OF MEDICATION_____

REASON FOR TAKING MEDICATION_____

AMOUNT OF MEDICATION TO BE GIVEN_____

WHEN TO ADMINISTER MEDICATION_____

EXPIRATION DATE_____

PARENTS READ CAREFULLY:

Working closely with our Physician, we have decided to allow my child to self-carry the above medication while at school. My child must be allowed to possess this medication at school, during school-sponsored activities and field trips, and during, before or after school activities on school property. I realize Mitchell Road Christian Academy cannot be held responsible for any adverse outcome of this action. I am responsible for replacing expired medication before the expiration date. I will provide the medication in the original container, clearly labeled with my child's name and instruction for administration. I will notify the school immediately if medication is discontinued or dosage is changed. I will ensure that the school nurse is made aware of where the student will store the medication at all times. Permission is granted to the principal and/or school nurse to share this information with individuals who have responsibility for my child. I give the school permission to contact the physician's office to request medical information concerning my child.

Parent/Legal Guardian Signature _____Date_____

Physician Please Read Carefully:

I agree that this student must be allowed to self-carry the above named medication. The parent is aware that they cannot hold MRCA responsible for any adverse outcome of this action.

Physician's Signature_____Date_____

****Medication will only be administered by the school nurse and/or specifically trained personnel****