



School City of Hammond
Department of Health Services

41 Williams Street, Hammond, IN 46320 – Phone (219) 933-2400 – Fax (219) 989-3957

AUTHORIZATION FOR STUDENT
SELF-ADMINISTRATION OF MEDICATION AT SCHOOL

Students with medical condition may possess and self-administer medication(s) at school and school sponsored events during the times and in the places set forth under (I.C. 20-8.1-5.1-8(b) if the following conditions are met:

- 1. The parent/guardian has filed written authorization with the student’s principal for the student to possess and self-administer the medication. This authorization must include the statement described below.
2. A physician’s written statement that:
a. The student has a medical condition for which the physician has prescribed medication;
b. The student has been instructed in how to self-administer the medication;
c. The nature of the disease or medical condition requires emergency administration of the medication.
3. The parent/guardian’s written authorization and physician’s written statement must be filed each school year with the health services department.

Student’s Name: _____ Date of Birth: _____

The above-named student has been diagnosed with the following chronic disease or medical condition _____ for which I have prescribed the following medication(s): _____

(Please list the medication, dosage, route of administration and frequency)

The student has been instructed how to self-administer the above medication(s). I am also verifying that the nature of this student’s disease or medical condition is such that the above listed medication(s) require(s) emergency self-administration by the student.

Physician’s Signature _____ Date _____

I give authorization for student: _____ to possess and self-administer the above listed medications(s).

Parent/Guardian’s Signature _____ Date _____ School Year _____