Healthy Kids Clinic
A Part of Cumberland Family Medical Center, Inc.
PO Box 2399 · Russell Springs, KY 42642
Toll Free: 844.435.0900
www.healthykidsclinics.com

Authorization For Self-Carry of Medication/s

Medications can only be self-carried at school with written permission from the child's parent or guardian and Health Care Provider. The medication must be in the original bottle with pharmacy label as proof of prescription. Signed permission will expire at the end of the school year.

Student:_____ School Year:_____

Birth Date:_____ Allergies:_____

To Be Completed By Physician:

I hereby attest that this child has been properly instructed, trained, and is competent to carry the following medication:

Name of Medication:_____

Medication Dosage:_____

Time of day for Dose:_____

Possible Reaction or Side Effects:_____

_____ _____ _____

Signature of Primary Care Provider | Phone Number | Date

To Be Completed By Guardian

I hereby request that school personnel allow my child to self-carry the medication described below"

Medication:_____ Dose:_____ Frequency:_____

Prescribing Primary Care Provider:_____ Phone Number:_____

I hereby give permission for my child to carry the above medication at school according to school policy and expressly waive and liability on behalf of the school or Healthy Kids Clinic as a result of the administration of the above medication. My signature will give permission for exchange of verbal and written communication between the Health Care Provider and the School Nurse regarding my child's medical regime.

_____ _____ _____

Guardian Signature | Phone Number | Date

_____ _____ _____

Emergency Contact | Phone Number | Relationship