Physician's Certification for Student to Self-Administer Medication

_____has a diagnosis of

_____

and needs to be allowed to carry the following medication(s) on his/her person at all

times:

_____

I have instructed him/her in the proper use of the above-named medication(s) and the dangers of permitting other persons to use his/her medications. It is my professional opinion that he/she is capable of safely carrying and administering his/her own medication. I have also instructed him/her to notify school officials if an emergency exists so that appropriate help can be obtained.

Physician Signature_____Date_____

Phone Number_____

Parent/Guardian Signature_____Date_____

Phone Number_____