



Student ID # \_\_\_\_\_

## AGORA CYBER CHARTER SCHOOL REQUEST FOR SELF ADMINISTRATION OF EMERGENCY MEDICATION

### Physician's Order

*Please allow the following medication to be carried and self-administered at school functions.*

*This patient has demonstrated the capability to safely administer his /her own medication.*

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Name of Medication

\_\_\_\_\_  
Dose & Route of administration

\_\_\_\_\_  
When Administered

\_\_\_\_\_  
Possible Side Effects and Treatment

\_\_\_\_\_  
Date Prescribed

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Name of Physician

\_\_\_\_\_  
Address of Physician

\_\_\_\_\_  
Physician Phone Number

**Office Stamp**

### Parent/Guardian Request

I request that my child \_\_\_\_\_ be allowed to carry and self-administer his or her own medication as prescribed.

I relieve the school or any school district employee of any responsibility for the benefits or consequences of this self-administered medication, and understand that the school or employees bear no responsibility for ensuring that the medication is taken.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### Agora Emergency Medication Policy

- This form must be kept on file in the nurse's office.
- After self-administering a medication, the student must immediately notify the school nurse and sign his/her medication sheet in the presence of the nurse.
- Prescription medication orders must be renewed each year. Medication forms expire at the end of the current school year.
- The medication carried by the student must be clearly labeled with the student's name.
- If the medication is misused by the student to whom it is prescribed, shared with other students, or improperly safeguarded from abuse by other individuals, the privilege to carry the medication will be revoked.