Smithtown Christian School
Self-Medication Form

Date: _____School Year:_____

Child's Name:_____ DOB:_____

Health Care Provider Permission for Independent Use and Carry
I attest that this student has demonstrated to me that they can self-administer the medication(s) listed below safely and effectively, and may carry and use this medication (with a delivery device if needed) independently at school or at any school sponsored activity.

This student is diagnosed with:

_____An allergy which requires Epinephrine Auto-injector (Epi-Pen) and/or Benadryl
_____Asthma or respiratory condition which requires Inhaled Respiratory Rescue Medication
_____Diabetes which requires Insulin/Glucagon/Diabetes Supplies
_____ _____which requires administration of _____
(Diagnosis) (Medication)

Physician's Signature _____
Physician's Stamp:

Parent/Guardian Permission for Independent Use and Carry
I/we agree that my child can use their medication effectively and may carry and use this medication independently at school or at any school sponsored activity.

We hereby acknowledge that we shall hold harmless the Smithtown School District, its personnel, and Smithtown Christian School in the event of any illness or injury to the student caused by the improper administration of the medication or the student's failure to self-administer the medication as instructed.

Parent/Guardian's Signature_____

2-06-24