SELF-CARRY/SELF-ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL

I hereby authorize the student listed below to self-carry, self-monitor and self-administer _____ (medication) pursuant to the doctor's instruction which are on file with the nurse at the German International School Washington D.C. (GISW). I agree to release, indemnify, and hold harmless the German International School Washington D.C. and any of their officers, staff members, volunteers or agents from lawsuit, claim, demand, or action against them with regard to the self-administration of the prescribed medication by this student.

I understand and agree that self- monitoring and self-administration of prescribed medications is entirely the responsibility of the parent/guardian and not that of the GISW.

I understand and have made certain that the student is aware that she must report to GISW staff or agent any irregularity in the use of the medication, failure of the medication, or the need for emergency medical treatment.

I have read the requirements outlined here and the plan set forth by the prescribing physician and assume the responsibilities as required. I further agree to release, indemnify, and hold harmless the GISW and any of their officers, staff members, volunteers or agents from lawsuit, claim, demand, or action against them for permitting this student to self-medicate pursuant to this Authorization.

Student:_____ Birthdate:___/___/___

List all medication(s) student is taking, including over-the-counter medication(s):_____

_____

_____ _____- _____ - _____ ___/___/___

Parent/Guardian Signature *Phone Number* *Date*

FOR USE BY GERMAN INTERNATIONAL SCHOOL WASHINGTON D.C.

APPROVAL OF SELF-MEDICATION

Self-carry/self-monitoring/self-administration of medication must be authorized by the prescriber and be approved by the school nurse.

Prescriber's authorization for self-carry/self-administration and plan is on file: □ no □ yes _____

Date

School Registered Nurse (RN) approval for self-carry/self-administration of medication

_____ _____

Signature *Date*