



Self-Administration of Medication Authorization & Approval Form

Self-administration of medication may be authorized by the prescriber and parent or legal guardian and must be approved by the Recreation Supervisor or designee. Those with inhalers for asthma and cartridge injectors for medically-diagnosed allergies may self-administer medication only with the written authorization of an authorized prescriber and written authorization from a student's parent or legal guardian.

Prescriber's Authorization for Self-Administration

Child Name: _____ Date of Birth: ____/____/____

Medication Name (as provided): _____ Rx Number: _____

Is the medication a controlled medication? ____ YES* ____ NO *DEA Number: _____

Dosage of Medication: _____ Time of Administration: _____

Condition Requiring Medication: _____

Prescriber's Printed Name/Title: _____

Prescriber's Address: _____

Prescriber's Signature: _____ Date: ____/____/____

I hereby request that the above medication be held by Farmington Recreation staff and supplied to the child listed on this form as stated. By signing below, I hereby certify that the child listed on this form may self-administer the medication listed on this form and hereby release the Town of Farmington and its employees and agents from all liability for the maintenance and/or dispensing of such medication. In addition, by signing below I certify that this form is complete, I have supplied the exact dosage required, the medication is in its original container, the medication is appropriately labeled and the date on the label is current.

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____ Date: ____/____/____

Recreation Staff Printed Name: _____ Title: _____

Recreation Staff Signature: _____ Date: ____/____/____

