



# BRIDGE Elementary

## DIABETES MEDICATION SELF-ADMINISTRATION FORM

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Licensed Health Care Provider's Statement:**

The above-named student is under my care. It is medically appropriate for the student to possess and self-administer the diabetes medication described below, and the student should be in possession of the diabetes medication at all times. Below is the name of the diabetes medication prescribed or authorized for the student's use as well as other pertinent information:

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

Type of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Signature of Health Care Provider*

\_\_\_\_\_  
*Date*

### **Parent/Guardian Authorization:**

I am the parent/guardian of the above-named student. I authorize my student to possess and self-administer the diabetes medication described above and I acknowledge that my student is responsible for, and capable of, possessing and self-administering the diabetes medication.

I also acknowledge that my student and I understand there are serious consequences, which may include suspension, for students sharing any medications with others.

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

\_\_\_\_\_  
*Date*