

## PHYSICIAN CERTIFICATION PARENT/LEGAL GUARDIAN PERMISSION FOR SELF-ADMINISTRATION OF MEDICATION

RE:		
Child's Name		Date of Birth
PHYSICI	AN'S CERTIFICATION	
I certify that the above student, who is, whice certify that the above student is capable method of self-administration of medical appropriate dosage, side effects, and above. This certification is made in accordance of the students of the second of the students of the second of the secon	ch is a potentially life threatening le of and has been instructed in cation. I also certify that the abo the risks involved in taking the n	the appropriate ve student knows the nedication listed
Name of Me	edication/Time/Dosage	
Office Stamp	Physician's Signature	 e Date
PARENT/LEGA	AL GUARDIAN PERMISSIO	N
I am the parent/legal guardian of for my child, normal school hours. This includes prindemnify and hold harmless the Voor and agents against any claims that ari physician must certify my child's illnes I must also provide permission on an a	, to self medicate verse and post school sponsored achees Township Board of Educates out of self-medication. I under and ability to self medicate on	while attending ctivities. I/we shall tion, its employees erstand that my an annual basis.
Parent/Legal Guardian S	 ignature	 Date