

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

RE:		
Child's Name		Date of Birth
PHYSICIA	AN'S CERTIFICATION	
I certify that the above student, who is, which certify that the above student is capable method of self-administration of medic appropriate dosage, side effects, and to above. This certification is made in ac	h is a potentially life threatening e of and has been instructed in ation. I also certify that the above he risks involved in taking the m	the appropriate ve student knows the nedication listed
Name of Me	dication/Time/Dosage	
Office Stamp	Physician's Signature	Date
PARENT/LEGA	L GUARDIAN PERMISSIC	N
I am the parent/legal guardian of for my child, normal school hours. This includes pre indemnify and hold harmless the Voorl and agents against any claims that aris physician must certify my child's illness I must also provide permission on an a	, to self medicate we and post school sponsored achees Township Board of Education I under and ability to self medicate on	while attending tivities. I/we shall ion, its employees erstand that my an annual basis.
Parent/Legal Guardian Si	gnature	Date