



**BRITISH INTERNATIONAL SCHOOL  
OF WASHINGTON**

A NORD ANGLIA EDUCATION SCHOOL

**Self-Administration of Medication Authorization**

To be completed for EpiPens, inhalers and diabetic supplies only

**Section 1: To be completed by parent/guardian:**

I hereby give permission for my child \_\_\_\_\_ to carry and self-administer their necessary medication \_\_\_\_\_. I understand that my child shall be permitted to carry their medication as long as they do not endanger themselves or others and will not misuse the medication. I understand that it is the responsibility of my child to keep the medication in their possession while at school. I understand that if my child misuses the medication or endangers others, school employees or agents may confiscate the medication. I hereby give permission for my child to self-administer medication at school as prescribed by my child's health practitioner and I authorize the reciprocal release of information related to my child's health and medication. I agree to not hold BISW or its employees liable for injury to my child resulting from the use of the medication listed above.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**PLEASE TAKE THIS FORM TO STUDENT'S PHYSICIAN**

**Section 2: To be completed by prescribing health professional:**

It is my professional opinion that \_\_\_\_\_ is capable of carrying and self-administering the following medication: \_\_\_\_\_

I recommend self-administration of this medication for the treatment of:  
\_\_\_\_\_

Comments \_\_\_\_\_

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number