



<http://www.stgabriel.net>
(502) 239-5535
5503 Bardstown Road
Fern Creek, KY 0291

Authorization for Student to Carry Self-Administer Insulin

_____ needs to carry the following prescription labeled medication with him/her. The above named student has been instructed in the proper use of such medication and fully understands how to administer this medication. (It is preferable that an emergency prescription labeled medication be kept in the school office in case of emergency.)

MEDICATION

DOSAGE & DIRECTIONS

PHYSICIAN'S SIGNATURE & STAMP

DATE

I have been instructed in the proper use of self-administration of medication and fully understand how to administer this medication. I will not allow another student to use my medication under any circumstances. I also understand that should another student use my medication the privilege of self-administration may be revoked. I also accept the responsibility for going to the school nurse for observation of administration of my medication so that it can be documented in the event I start having problems with my diabetes.

STUDENT SIGNATURE

DATE

I hereby request that the above named student, over whom I have legal control, be allowed to self-administer the insulin prescription described above at St. Gabriel School. I understand that the parent/guardian accepts the legal responsibility should the above insulin be lost, given or taken by a person other than the above named student. If this should happen, the privilege of self-administration may be revoked. I understand that St. Gabriel School has no legal responsibility when the above named student administers his/her own medication.

PARENT/GUARDIAN SIGNATURE

DATE