CONTRACT FOR EXCEPTION:
TO SELF-ADMINISTER AND RETAIN MEDICATION ON PERSON

*Provisions under 70 O.S. 1984, Section 1-116.3 and the Moore Public Schools Policy #7150 allow a student to self administer a prescribed asthma, anaphylactic medication or diabetic medication. Approval to self administer medications must be authorized by the prescribing physician. The parent/ guardian of the student is to *provide the school an emergency supply of the student's medication.*

___I have instructed _____ in the proper use of his/her medication and it is my professional opinion that this student is capable of self-administration of the medication and should be allowed to carry and use that medication by himself/herself.

_____ _____/_____/_____
Physician signature Date

I understand this request is governed by Moore Public Schools regulations on self-administration of medication and there are conditions and exceptions to self-administration. I have instructed my child to inform school personnel if symptoms persist so additional emergency care can be obtained, if needed. I also understand that this permission may be revoked if my child misuses the medication. I understand that Moore Public Schools, its agents and employees shall incur no liability for any adverse reaction or injury suffered by this student as a result of self-administration.

We, the undersigned, absolve the school of any responsibility in safeguarding our child's medication.

_____ _____/_____/_____
Signature of Legal Parent/Guardian Date