

**Consent for Self-Administration of Medication**

NOTE: ONLY EPI-PENS AND INHALERS ARE ACCEPTABLE FOR SELF-ADMINISTRATION. FOR ALL OTHER MEDS PARENTS WILL NEED TO COME TO CAMPUS TO MEDICATE IF NEEDED. SCC DOES NOT HAVE A NURSE ON STAFF.

M   F

\_\_\_\_\_  
Students Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name of Medication

\_\_\_\_\_  
Reason for Rx

The student is authorized to self-administer and has been instructed in self-administration of this medication.

Yes\_\_\_\_\_ No\_\_\_\_\_

\_\_\_\_\_  
Dosage and Time of Day

\_\_\_\_\_  
Physician or Nurse Practitioner printed name

\_\_\_\_\_  
Signature of Parent or Guardian of Student

\_\_\_\_\_  
Physician or Nurse Practitioner Signature and Date

This completed form must be completed and returned to the Continuing Education Office located at 4601 Mid Rivers Mall Drive, Humanities Building, Suite 103, Cottleville, MO 63376 or faxed to 636-922-8686 - **PRIOR TO CAMP START DATE.**