

Golder College Prep

**PARENT
REQUEST FOR SELF-ADMINISTRATION**

Name of Student	Birth Date	ID Number
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Address	(_____) Telephone Number	Zip Code
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I (Mother, Father, Legal Guardian) of the above named student give my permission to the school office to monitor my child's self-administration of the following medication:

Signature of Parent/Guardian	Date
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Work Phone Number	Home Phone Number
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I acknowledge that Golder College Prep and its employees and agents are to incur no liability, except to willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the above named student. The student understands the need for the medication, and the necessity to report to school personnel any unusual side effects. He/she is capable of using this medication independently.

Parent Signature	Date
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Student Signature	Date
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