

PARENT AGREEMENT FOR CHILD TO SELF-ADMINISTER MEDICATIONS
Salem Christian Academy
11816 S. Indiana Ave.
Chicago, IL 60628

I give permission for my child, _____, to self-administer the medications described below. I will notify the school of changes in medication and my child's condition.

Name of Medication	Dose	Frequency of Use
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature _____

Date _____

Note: All medication must be stored in the Principal's office during the school day.

Refer to: Illinois Department of Human Services Asthma Management a Resource Manual for Schools