

MSAD #52 PARENTAL AND HEALTH CARE PROVIDER PERMISSION FORM
FOR STUDENTS WITH CYSTIC FIBROSIS IN GRADES 7-12
TO SELF CARRY AND SELF ADMINISTER PRESCRIBED DIGESTIVE ENZYMES

Student's name _____ Grade _____ Birth Date _____

Name of medication _____

Dosage _____

Parent/Guardian _____ Telephone Number _____

Health Care Provider _____ Telephone Number _____

Possible side effects and steps to be taken in case of side effects _____

The undersigned parent/guardian, student, and health care provider request that the above named student be permitted to self carry and self administer prescription prescribed digestive enzymes while going to and from school, when at school, or when involved with school activities. It is agreed that this student has the knowledge and skills to safely possess and take the enzymes without supervision. A day's supply of digestive enzymes in the original and labeled prescription container will be permitted on a daily basis. This permission form will be completed each school year.

Parent Signature _____ Date _____

Student Signature _____

Health Care Provider Signature _____ Date _____