

NOBLE STREET CHARTER HIGH SCHOOL
Johnson College Prep

PARENT
REQUEST FOR SELF-ADMINISTRATION

<hr style="border: none; border-top: 1px solid black;"/>	<hr style="border: none; border-top: 1px solid black;"/>	<hr style="border: none; border-top: 1px solid black;"/>
Name of Student	Birth Date	ID Number
<hr style="border: none; border-top: 1px solid black;"/>	(____)	<hr style="border: none; border-top: 1px solid black;"/>
Address	Telephone Number	Zip Code

I (Mother, Father, and 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:

_____.

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Signature of Parent/Guardian	Date
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Work Phone Number	Home Phone Number

I acknowledge that Noble Street Charter School- **Johnson 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.

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Parent Signature	Date
<hr style="border: none; border-top: 1px solid black;"/>	<hr style="border: none; border-top: 1px solid black;"/>
Student Signature	Date