

**CULTURAL EXCHANGE PROGRAM  
AUTHORIZATION TO CARRY AND SELF-ADMINISTER MEDICATION**

Student's Name \_\_\_\_\_  
 Sex: (Please Circle) Female/Male  
 Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone No: \_\_\_\_\_

This student will be participating in a Baltimore County Public Schools (BCPS) Cultural Exchange Program to \_\_\_\_\_(country) from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_. For this student to carry and self-administer medication while participating in this program, this form must be fully completed by the prescribing physician/provider, an authorizing parent /guardian, and the student participant. Medications must be provided in the original container labeled with the student's name, dose/strength and specific administration directions.

**Physician's Authorization:**

The above named student has my authorization to carry and self-administer the following prescription and non-prescription medications:

Medications/Treatments	Dosage/Frequency of Administration	Circumstances/symptoms for administrations	Diagnosis

I confirm that this student has been instructed on the proper use of this medication and is able to self-administer this medication on his/her own without school personnel supervision. The student understands the expected response to the medication and what side effects and adverse responses should be reported to an adult. I have provided a written treatment plan for use by this student during the cultural exchange program for managing asthma, anaphylaxis episodes, or for a chronic health condition.

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Physician's Phone Number

\_\_\_\_\_  
Date

**For Completion by Parent or Guardian:**

As the parent/guardian of the above-named student, I confirm that this student has been instructed by his/her health care provider on the proper use of this/these medication(s). He/she has demonstrated to me that he/she understands the proper use of these medication(s). He/she is physically, mentally, and behaviorally capable to assume this responsibility. He/she has my permission to self-medicate as listed above, if needed. If he/she has used an auto-injectable epinephrine, he/she understands the need to alert an adult that emergency medical personnel need to be called. If he/she has used his/her asthma inhaler as prescribed and does not have relief from an asthma attack, he/she understands the need to alert an adult.

Authorization is hereby granted to release this information to appropriate school personnel and BCPS teacher chaperones who will be accompanying students on the above-referenced program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Statement:** I understand that I am allowed to carry and self-administer only the medication(s) listed above. I agree to use the medication as instructed by my physician, only for the conditions the doctor has written and not to share with other people. I understand that if I misuse or share the medication with others, I will be held accountable for my actions and that I will face disciplinary action.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CULTURAL EXCHANGE MEDICAL EMERGENCY FORM – Notary Required**

<p><b>FOR CULTURAL EXCHANGE ONLY – MUST BE NOTARIZED</b></p> <p>IN CASE OF MEDICAL EMERGENCY, in the event that I cannot be contacted, I hereby give permission to the chaperoning teacher, or responsible host family adult, to authorize any necessary medical treatment, hospitalize, secure treatment for, and to order injections, anesthesia, or surgery for my child named above.</p> <p>I agree to be financially responsible for any costs incurred.</p> <p>PARENT/GUARDIAN SIGNATURE: PARENT/GUARDIAN SIGNATURE:</p>
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State of Maryland, County of Baltimore, To Wit:

I hereby certify that, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the subscriber, a Notary Public of the State and County aforesaid, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the individual(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained and in my presence signed and sealed the same.

As witness my hand and Notarial Seal.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_