



Self-Medication Agreement

Students who are developmentally and behaviorally able will be allowed to self-administer prescription and nonprescription medication, subject to the following:

1. A permission form must be signed by a parent/guardian for self-medication of all prescription and nonprescription medication.
2. All medications must be brought from home. There is **no** supply of medication at the school to be administered to students.
3. All prescription and nonprescription medication must be kept in its appropriately labeled, original container as follows:
 - Prescription labels must specify the name of the student, name of the medication, dosage, route (method of administration), and frequency or time of administration and any special instructions.
 - Nonprescription medication must have the student's name affixed to the original container.
4. Prescription medications require written instruction from the physician. The prescription label will meet this requirement if it contains the above information.
5. The student may have in his/her possession only the amount of medication needed for that school day.
6. Sharing and/or borrowing of medication with another student is strictly prohibited.
7. Permission to self-medicate may be revoked if the student violates school district policy governing administration of non-injectable medication and/or these regulations. Additionally, students may be subject to discipline, up to and including expulsion, as appropriate.

I have read and agree to the above criteria and give permission for:

Student name: _____ to carry

Medication name: _____

Parent/Guardian Signature _____ Date _____

I agree to comply with the above criteria:

Student Signature _____ Date _____



SELF-MEDICATION AGREEMENT

1. A permission form must be submitted for all self-medication of prescription and nonprescription medication.
 - Self-medication of prescription medication requires permission from parent, school administrator and physician.
 - Self-administration of non-prescription medication requires permission from parent and school administrator.
2. All prescription and nonprescription medication must be kept in its appropriately labeled, original container as follows:
 - Prescription labels must specify the name of the student, name of the medication, dosage, route, and frequency or time of administration and any other special instructions.
 - Nonprescription medication must have the student's name affixed to the original container.
 - The student may have in his/her possession only the amount of medication needed for that school day.
3. Physician's consent for self-administration must either be indicated on the prescription label, or on this form.
4. Sharing and/or borrowing of medication with another student is strictly prohibited.
5. Permission to self-medicate may be revoked if the student violates school district policy governing administration of non-injectable medication and/or these regulations. Additionally, the student may be subject to discipline, up to and including expulsion, as appropriate if the self-medication policy is violated.

Student Name: _____

I have read and agree to the above criteria and give permission for my child to self-administer:

Name of medication: _____

Parent/Guardian Signature: _____ **Date:** _____
(My signature authorizes an exchange of information as necessary between the school and my child's health provider for the purpose of information relating to this medication.)

I agree to comply with the above criteria:

Student Signature: _____ **Date:** _____

Please allow this student to self-administer this medication
(Student must be developmentally and behaviorally able to self-administer.)

Physician Signature: _____ **Date:** _____
(Required for prescription medications)