Self Carried / Self Administered Medication Agreement & Evaluation Form

Student _________________________________ Grade/Program______________________

Physician/Licensed Prescriber ____________________________________________________

Telephone ______________________________

Medication ___________________________ Dose ____________ Time __________

Medication is permitted in accordance with district policy and procedure(s). In addition to the parent/legal guardian, the student's licensed prescriber/physician must authorize self-carried/administered medication. Student name must appear on the medication container, inhaler or injector.

Responsibilities for carrying medication
Yes   No

The student's self-carry plan is in place and complete
The student can demonstrate correct use/administration
The student recognizes proper and prescribed timing for medication
The student agrees to not share medication with others
The student will keep the medication in an agreed upon location(s)
(please indicate location) _________________________
The student will keep a second labeled container in the health office
(optional, based on district policy and procedure(s) )
The student agrees to come directly to the health office if having the following symptoms after using medication
________________________________________________________________________

The student ___ is ___ is not able to demonstrate the specified responsibilities.
The student may carry the medication unless and until he/she fails to follow the above agreement.
Yes   No

Comments and added responsibilities
_____________________________________________________________________________
_____________________________________________________________________________
______________________________________________________________
__________________________
( LS/NR signature and date)

__________________________ agrees with the above requirements: ___ Yes ___ No

(Student signature and date)

I request that my child be allowed to carry his/her medication and be responsible for its proper storage and use. I will support my child to follow the above agreement and if he/she does not, I will be contacted and a new plan will be developed.

(Parent/legal guardian signature and date)   (Parent daytime telephone number(s))