



Health Services

Over-the-Counter Medication Administration & Self-Carry

General Information:

Student Name: _____ Birthdate (DD/MM/YYYY): _____

School Year: _____ Grade: _____

Procedure:

- 1. Medication must be supplied in the original container with dosage recommendations on the label.
2. The nurse may request further information about the medication prior to administering the medication.
3. Parent must sign authorization to release school personnel from liability in the event of a reaction from the medication.
4. At no time will medications be given or self-administered without written permission by the parent. The School District may rely on an oral parent request for up to two school days after with which a written authorization is required.

Parent/Guardian Authorization:

I request that the medication be given to my child. I also release the school personnel from liability in the event that any reaction results from the medication. [] Check here if you want to self-carry

It is permissible for my child to take the following medication in the dosage listed:

_____ while at school.
(medication, dosage, and time)

Printed Name of Parent/Guardian Signature of Parent/Guardian Date

For Office Use Only:

This student has demonstrated knowledge about the proper use of administering/self-carrying the above listed meds.

Signature of Health Care Specialist Date

Student Agreement:

I agree to:

- Only self-carry Ibuprofen/Tylenol
Follow my prescribing health professional's medication orders
Use correct medication administration techniques
Maintain a written record of my medication administration at school
Not allow anyone else to use my medication
Keep a supply of my medication with me in school and on field trips
Notify the school nurse or health office personnel if the following occurs:
My symptoms continue to get worse after taking the medication
My symptoms reoccur within 2-3 hours after taking the medication
I suspect that I am experiencing side effects from my medication
Other: _____
I understand that permission for self-administration of medication may be suspended if I am unable to maintain the procedural safeguards established above.

Signature of Student Date