



# Philomath Public Schools

Benton County School District 17J, 1620 Applegate Street, Philomath OR 97370 (541) 929-3169

## Self-Medication Permission Form and Agreement

Student Name: \_\_\_\_\_ School Year \_\_\_\_\_ Grade \_\_\_\_\_

All: Student must be able to demonstrate the ability, developmentally and/or behaviorally, to self-administer prescription and non-prescription medication.

Self-medication of prescription and non-prescription medication is only allowed when a student must carry such medication for immediate access.

➔ Self-medication of controlled substances and narcotic analgesics are **not allowed**. These medications must be checked into the office.

Student Initial \_\_\_\_\_ Parent Initial \_\_\_\_\_

All prescription and nonprescription medication must be kept in its appropriately labeled, **original container** as follows:

- Prescription label must specify the name of the student, the prescribing provider, name of the medication, dosage, route, frequency or time of administration, expiration date, 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 day. For manufacture's packaging that contains multiple dosages, the student may carry one package, such as but not limited to, bronchodilators/inhalers, insulin pens.

Students needing to self-medicate must carry their medication with them for immediate access; i.e. personal bag/purse, backpack, pocket, etc. Medication should not be left on desks, countertops or other places where others have access to their medication. Sharing and/or borrowing of medication with another student are **strictly prohibited**.

For students who have been prescribed bronchodilators, epinephrine, and glucagon, school staff will request the parent/guardian to provide backup medication for emergency use for that student. Backup medication will be kept at the student's school in a location where staff have immediate access.

Student will not dispose of medication, containers, syringes and/or lancets at school.

Disposal will be done at home as appropriate.

Permission to self-medicate may be revoked if the student violates school district policy governing administration of all medications and/or these regulations. Additionally, students may be subject to discipline up to and including expulsion, as appropriate.

Medications indicated below must match name of medication on container.

1. \_\_\_\_\_  
3. \_\_\_\_\_

2. \_\_\_\_\_  
4. \_\_\_\_\_

I have read and agree to the above criteria.

\_\_\_\_\_  
*Student printed name/signature and date*

\_\_\_\_\_  
*Parent/guardian printed name/signature and date*

School administrator Approval (Verified the student is developmentally and/or behaviorally able to self-administer.)

\_\_\_\_\_  
*Printed name/Signature and date*

Philomath School District 17J Nurse Approval

Physician Authorization-prescription medication only

Prescription label    letter    fax

\_\_\_\_\_  
*Printed name/Signature and date*

(Circle one above)