

Self-Medication Agreement

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

1. A permission form must be submitted for all self-medication of all prescription and nonprescription medication.
 - Self-administration of prescription medication requires permission from parent, school administrator and physician. Physician consent is to be included on the prescription label or on the medication consent form.
 - Self-administration of nonprescription 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. Physicians consent for self-administration is to be on the label or on the medication consent form.
 - Nonprescription medication must have the student's name affixed to the original container.
3. **The student may have in his/her possession only the amount of medication needed for that school day.**
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.

I have read and agree to the above criteria and give permission for my child to carry

Name of Medication _____

Parent/Guardian Signature _____ Date _____

I agree to comply with the above criteria.

Student Signature _____ Date _____

This student may carry and self-administer this medication as prescribed.

School Administrator/Designee _____ Date _____