

SELF-ADMINISTRATION OF NON-PRESCRIPTION PAIN MEDICATION FOR SECONDARY STUDENTS

TO BE RENEWED EACH SCHOOL YEAR

(If you need assistance completing this form, contact the Licensed School Nurse.)

**** This privilege may be revoked if there is a reason to believe the student is abusing the privilege. ****

Student Name _____ Birth Date _____

School _____ Grade _____ School Year _____

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I give permission for this child to self-carry/self-administer the following medication:

Medication _____

Purpose for Medication _____

This authorization is given based on the following:

- The medication must be a non-prescription pain medication which does not contain aspirin, ephedrine and pseudoephedrine as the sole active ingredient or one of its active ingredients.
- I understand that medication must initially be brought to school by parent/guardian in its original container, appropriately labeled.
- If the dosage request for the medication exceeds the manufacturer’s label, a licensed prescriber’s order is required.
- I understand that my child will be permitted to carry the medication as long as he/she does not endanger other persons and does not misuse the medication. If misuse occurs, school administration or staff can confiscate the medication.
- I understand that this authorization will be effective for the current school year and must be renewed every school year.
- I understand my child is entirely responsible for the use of this medication and use of this medication will not be monitored at school.
- I release school personnel from any liability in relation to this medication being taken at school.
- I have read and understand the Medication Guidelines included with this form.

Parent/Guardian Signature _____ Date _____

STUDENT AGREEMENT

I will:

- Take the medication according to label directions or my primary care provider’s written orders.
- Not allow anyone else to use my medication.
- Notify the Licensed School Nurse or health office personnel if my symptoms worsen or reoccur within two to three hours of taking the medication, or I suspect that I am experiencing side effects from the medication.
- I have read and understand the Medication Guidelines included with this form.

Student Signature _____ Date _____

Licensed School Nurse Signature _____ Date _____

STUDENT SELF-ADMINISTRATION OF MEDICATION GUIDELINES

The self administration of non-prescription medications by students shall be done only in circumstances wherein the student's health and attendance may be jeopardized without it. Whenever possible, administration of medication should be done at home.

If a new non-prescription medication is started, the first dose must be given at home.

1. Self-administration of non-prescription medication must only be done according to the written authorization of parent/guardian and the Licensed School Nurse in accordance with the manufacturer's directions.
 - a. Mixed dosages in a single container will not be accepted for student self- administration at school.
 - b. If a half tablet is required for a correct dosage, it is the parent/guardian's responsibility to provide pre-cut tablets for student self- administration at school.
 - c. Altered forms of medication will not be accepted for self- administration at school.
 - d. Narcotics/medical cannabis will not be accepted for self- administration at school.
 - e. Aspirin-containing products will not be accepted for self-administration at school.
 - f. Ephedrine/Pseudoephedrine-containing products will not be accepted for self-administration at school.
 - g. Only FDA approved treatments will be accepted for self-administered at school.
2. **All medication must be brought to and from school by a parent/guardian in its original container.** The student's name must be written on the non-prescription container.
3. New consent forms with appropriate signatures must be received each school year.
4. A medication consent form is required for each non-prescription medication that a student is taking at school.
5. A new medication consent form is required when there is a change in medication dosage or frequency of administration.
6. When a non-prescription medication is stopped, a written notification from the parent is requested.
7. Secondary students may carry and use **non-prescription** medication with written consent of their parent/guardian, the Licensed School Nurse and signature of the student agreement. The medication cannot contain ephedrine/pseudoephedrine or aspirin as its sole active ingredient or as one of its active ingredients.
8. Students who are authorized to carry and self-administer non-prescription medication must keep the medication Secured and not allow anyone else to take the medication. .