

Jesuit High School Self-Medication Agreement

TO BE COMPLETED BY PARENT/GUARDIAN

Student First/Last Name: _____

Grade: _____ Date of Birth: _____

This form must be submitted for all self-medication that may happen on the Jesuit High School campus, on field trips or at school events. Students must be developmentally and behaviorally able to self-medicate. If student will be carrying a prescription medication, student and parent/guardian certify that the medication has been prescribed by the student's treating physician and that the student is following prescription instructions. To self-carry, the student has been instructed in the proper use and medication and fully understands how it is to be administered.

The following criteria must be met by the student:

1. All medication must be kept in its labeled, unexpired, original container. If the medication is a prescription by a medical professional the label must specify the following: name of student, name of medication, dosage, route, frequency or time of administration and any other special instructions. Self-administration of non-prescription or non-FDA approved medication must include a written order from a prescribing physician.
2. Sharing and/or borrowing medication with another student is strictly prohibited.
3. Permission to self-medicate and self-carry may be revoked if the student violates school policy governing administration of medication and/or these regulations. Additionally, the student may be subject to discipline, up to and including expulsion.
4. Students are responsible for checking in with the health office to keep them informed of any medication changes. All changes must be done in writing. It is strongly recommended that students have back up medicine stored in the health room.

I hereby release, forever discharge, and hold harmless Jesuit High School and its employees and agents from any claim based on the prescription use of the medication(s) below. This includes all claims against JHS based on negligence, breach of contract, any alleged statutory violation, wrongful death, and all claims based on vicarious liability.

Student and parent/guardian have read and agree to the above criteria and give permission to self-administer and self-carry the medication(s).

Name of Medication(s): _____

Is your child allergic to any medications, or have any other known allergies? _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

School Health Nurse Signature: _____ Date: _____