

**Requirements for Students to Self-Administer/Self Carry Medication
During the School Day or at School Sponsored After School Events**

Dear Parent/Guardian:

Date: _____

Scholar's Name _____ Teacher _____ Grade _____

If school nursing personnel receive a request from a parent/guardian and licensed prescriber to permit a student to carry and self-administer their own prescribed medications, such decisions will be made on an individual basis and in accordance with the following criteria:

- The **health problems** are severe enough to self-carry (particularly asthmatic or allergic conditions)
- The **licensed prescriber** has provided an order directing that the student be allowed to carry their medication and self-administer
- The **parent/guardian** has requested permission for the student to self-carry, self-administer
- The **parent/guardian** assume responsibility regarding the monitoring of the student on an ongoing/daily basis to ensure that the student is carrying and taking the medication as ordered
- The **student** demonstrates compliance in consistently and responsibly taking their own medication
- The **student** assumes the responsibility for carrying properly labeled medication in the original container on his/her person or a safe and secure place in school or their locker.
- The **school nurse** has completed a nursing assessment which documents the student's competence in ability to self-carry and self-administer.

This privilege may be reassessed or revoked if the student cannot consistently and responsibly take their own medication.

Thank you in advance for your cooperation,

School Nurse: _____ School: _____
Phone #: _____ Fax: _____ Email: _____

CONTRACT FOR SELF- ADMINISTER/SELF -CARRY MEDICATION

Scholar's Name:

Grade:

Prescriber:

Telephone:

Medication:

Dose:

Time:

The licensed prescriber's order and parent permission have been obtained for the scholar to carry and use their medication. The school nurse has assessed the student's age of reason, mental/emotional condition and the severity of the student's health status.

Scholar demonstrates the following responsibilities:

- Identifies the medication correctly
 - Identifies the purpose of the medication
 - Knows the correct dosage
 - Identifies the time the medication is needed
 - Describes what will happen if the medication is not taken
 - Demonstrates the correct use/administration
 - Does not share medication with others
 - Will keep medication in agreed location
 - Will come directly to the health office if any of the following symptoms occur:
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- Keeps a second labeled container in the health office

The scholar agrees to and demonstrates all specified responsibilities:

- Yes
- No

The scholar may carry their medication:

- Yes
- No

If the student does not follow the above agreement, the privilege of carrying and using their medication will be rescinded.

Scholar Signature/ Date

School Nurse Signature/ Date

I will support my child to follow the above agreement and if they do not, I will be contacted and a new plan will be developed with the school nurse.

Parent/ Guardian Signature/ Date

Instructions for Completing form 157/23

Students can be permitted to carry their rescue medication for respiratory conditions, allergies or diabetes if there is a written parent consent and a provider's written order attesting the provider has determined the student can self-administer effectively.

Students can carry and self-administer their own medications in school without assistance if they consistently and responsibly:

- Recognize their medication
- Know how much/dose of medication they take
- Know what time the medication is needed during the school day
- Know why they take this medication
- Know what happens when they do not take their medication
- Know when to refuse to take their medication when appropriate
- Know how to self-administer medication from original labeled pharmacy container or original OTC container (or are able to direct staff member to assist)

All above requirements must be met before final permission to self-carry and self administer medication in school.

Even if the parent/guardian and the prescriber agree that the student can self-carry and self-administer medication in school, the final decision rests with the school nurse. The school nurse should assess/ train the student in self-administration and proper storage of the medication in school.

If the nurse is not comfortable with approving a student to carry and self-administer medication, he or she should document that on the Contract form, notify the parent and explain the reason(s) why.

There is no minimum age/grade to start allowing self carry/self administration, however generally elementary school and special education students would not be candidates for self-carry and self administer medication in school.

[Reference Guide from NYSCSH on Determining levels of assistance in Medication Delivery](#)

