



CHENEY PUBLIC SCHOOLS
Student Support Services
12414 S Andrus Rd
Cheney, Washington 99004
(509) 559-4507 FAX (509) 559-4517

The school will consider the symptomatic benefits of self-prescribed medications. These medications are “prescribed” by parents who desire to facilitate their children’s medical recovery and return to the school setting.

In accordance with the American Academy of Pediatrics Committee on School Health recommendations: students will be allowed to self-medicate at school with over-the-counter medications, when the parent or guardian has provided an appropriate note to the school specifying the medication, the amount to be taken, the time it is to be taken, and the reason. The note must include a statement relieving the school of any responsibility for the benefits or consequences of the medication when it is parent prescribed and self- administered and acknowledges that the school bears no responsibility for assuring that the medication is taken.

The school will retain the note as a permanent part of the student’s health record and the student must carry a copy of the note with the medication. Students will be allowed to have no more than a one-day supply of the requested medication on hand, in the original container. The note authorizing self-medication can cover a period of time of not more than 2 weeks. The school reserves the right to require a licensed healthcare provider statement for continued use of any medication. The school will restrict the availability of the medication from other students, with immediate confiscation of the medication and loss of privilege to self-medicate if the policy is abused or ignored.

Process: Parent complete information below. Student bring completed note to health room to obtain copy. Bring a one-day supply of medication in the original container for use at school.

STUDENT NAME

BIRTHDATE

SCHOOL GRADE

Medication to be taken: _____

Amount of medication to be taken: _____

When Medication is to be taken: _____

Reason Medication is to be taken: _____

Medication is to be taken from: (date) _____ to (date) _____

(No longer than 2 weeks)

Release of Responsibility

Cheney School District is relieved of any responsibility for the benefit of consequences of the medication when it is parent-prescribed and self-administered and bears no responsibility for assuring that the medication will be taken.

Parent/Guardian Signature Date

Reviewed by the Nurse: _____ (initials)