



PHILOMATH SCHOOL DISTRICT SELF-MEDICATION AGREEMENT

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

1. This Self-Medication Agreement form must be submitted for all self-medication.
 - Self-administration of non-prescription medication requires this form and permission from a school administrator. Self-administration of non-FDA approved medication must also include a written order from a prescriber.
 - Self-administration of prescription medication requires this form, and permission from a school administrator, and either a RN practicing in the school setting or a prescriber. Prescriber consent can be included on the prescription label or on this self-medication agreement form.
2. All 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.
3. Sharing and/or borrowing of medication with another student is strictly prohibited.
4. Permission to self-medicate may be revoked if the student violates school district policy governing administration of medication and/or these regulations. Additionally, the student may be subject to discipline, up to and including expulsion, as appropriate if the self-medication policy is violated.
5. Self-medication of controlled substances and narcotic analgesics is not allowed.

Student Name: _____

I have read and agree to the above criteria and give permission to self-administer:

Name of Medication: _____

Parent /Guardian Signature: _____ Date: _____

I agree to comply with the above criteria:

Student Signature: _____ Date: _____

Please allow this student to self-administer this medication. (Student must be developmentally and behaviorally able to self-administer.)

Prescriber or School RN Signature: _____ Date: _____

Office only

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

____ This student may self-administer this medication as prescribed, but the medication will be kept in the office.

School Administrator's Signature: _____ Date: _____