



Student 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.

Name of Medication:

STUDENT:

I have read and agreed to the above criteria given to me to carry and administer my own medication at school.

Student Signature:

Date:

PARENT:

I agree to the above criteria and allow my student to carry and administer their own medication at school.

Parent Signature:

Date:

SCHOOL ADMINISTRATOR:

I agree that the student is behaviorally and developmentally capable of carrying and administering their own medication at school.

Administrator Signature:

Date

PRESCRIBER OR SCHOOL NURSE:

I have assessed this student and they understand when and how to use their medication appropriately.

Prescriber or RN Signature:

Date

This student will:

- Self-carry medication only
- Self-Carry and self-administer medication
- Keep medication in the office, but self-administer medication