

Student Name: _____

Permission for Student to Self-Medicate

Please note: Medication may only be carried by the student if it is required that it be given during school hours.

Self-administration means that a student must be able to take their own medication at school without requiring assistance from trained school personnel.

A student may self administer **prescription medication** when they are able to demonstrate the ability, developmentally and behaviorally, to self administer the medication, and have permission to self administer from a school building administrator, parent, and either a prescriber or district nurse.

Students are allowed to administer **non-prescription medication** when they are able to demonstrate the ability, developmentally and behaviorally, to self medicate and have permission to self medicate from a school building administrator and parent. All non-prescription medication must be age appropriate and comply with the dosage recommendations on the bottle.

All medication that is self-administered must be in the original, labeled bottle or prescription bottle, and students may only carry a one-day supply of medication with them.

Parent/Guardian: Please complete the information in the box below.

_____ School	_____ Grade/Teacher	_____ Home Phone & Work Phone
_____ Name of Medication	_____ Start Date	_____ End Date
_____ Dosage to be Taken	_____ Time to be Taken ("as needed"-note frequency)	_____ Route (i.e., orally)
<i>I give permission for my child to self-medicate with the above noted medication, in accordance with the district policies above. I acknowledge that the medication bottle contains the medication as stated on the prescription label or OTC bottle.</i>		
_____ Parent/Guardian Signature (req. if student is < 15 yrs)		_____ Date
_____ Student signature		_____ Date

Administrator Signature

Date

District/School Nurse Signature

Date