

**Self-Medication and/or Procedure
Parent/Guardian Permission and Student Agreement**

Student's Name _____ **DOB** _____

Name of School _____ **Grade** _____ **Homeroom Teacher** _____

Medication/Procedure: _____

Parent Consent: *Read and check each statement, if you agree. All are required for self-medication(s)/procedure(s) at school.*

- ☐ I authorize my child to possess and self-administer the medication(s)/procedure(s) noted above as prescribed while in the classroom and in any area of the school or school grounds, at any school-sponsored activity, in transit to and from school or school-sponsored activities, and during before-school or after-school activities on school operated property.
- ☐ My child has been instructed about the proper use of the medication(s)/procedure(s) noted above.
- ☐ My child has shown me that he or she can safely self-administer the medication(s)/procedure(s) noted above.
- ☐ My child and I will be responsible for the proper use and safe-keeping of the medication(s)/equipment.
- ☐ I will not hold the school district or any of its employees or agents liable if an injury occurs related to my child self-administering medication(s)/procedure(s). I will be responsible for any costs related to any claims that occur related to my child self-administering medication(s)/procedure(s).
- ☐ I understand that my child will lose the privilege of self-administering medication(s)/procedure(s), if student endangers self or another student by misusing the medication(s)/equipment.
- ☐ I understand that my child may only self-administer the medication(s)/procedure(s) noted above. All other medications must be given to my child by a school employee.
- ☐ I understand that my child must keep his or her medications in the container provided by the pharmacist or my child's health care practitioner and must have my child's name, the name and dosage of the medication, and the directions for proper use on it.

Parent Signature: _____

Date: _____

Medication/Procedure: _____

Student Consent: *Read and check each statement, if you agree. All are required for self-medication(s)/procedure(s) at school.*

- ☐ I know when I should and when I should not take the medication(s)/perform the procedure noted above.
- ☐ I know the signs and symptoms that may mean that I should **not** take the medication(s).
- ☐ I know the signs and symptoms that may mean that I should take the medication(s)/perform the procedure(s).
- ☐ I know how much of the medication(s) noted above I should take.
- ☐ I know how to take the medication(s)/perform the procedure(s) noted above.
- ☐ I will take the medication(s)/perform the procedure(s) the way that my health care provider has instructed.
- ☐ I will keep the medication in the package provided by the pharmacy or my health care practitioner.
- ☐ I will keep the medication and any supplies needed for taking the medication(s)/performing the procedure(s) with me in a safe place.
- ☐ I will not allow other students to touch or hold my medication(s)/ nor any of the supplies/equipment needed for taking the medication(s)/performing the procedure(s).
- ☐ I understand that I will no longer be able to take my medication on my own, if I endanger myself or another student by misusing the medication(s)/equipment.
- ☐ I understand that I can only take the medication(s)/perform the procedure(s) noted above on my own. All other medication(s)/procedure(s) must be given to me by a school employee.

Student Signature: _____

Date: _____