

HILLSBORO SCHOOL DISTRICT MEDICATION SELF-ADMINISTRATION FORM

Student: _____ Birthdate: _____ ID #: _____

School: _____ Grade: _____

Medication(s): _____

A student may be allowed to self-administer a medication for asthma, diabetes, hypoglycemia, or severe allergies as prescribed by an Oregon licensed health care professional, upon written and signed request of the parent/guardian and subject to age-appropriate guidelines. This self-administration provision also requires a written and signed confirmation that the student has been instructed by the Oregon licensed health care professional on the proper use of and responsibilities for the prescribed medication. (JHCD, JHCDA)

A student may be allowed to self-administer a prescription or non-prescription medication with signed parent permission and signed provider and/or District Nurse approval.

- Parent/Guardian will bring medication to school and complete the applicable forms.
- ***Medication will be kept in its appropriately labeled, original container.***
- ***Student will CARRY ONLY THE AMOUNT OF MEDICATION NEEDED FOR ONE SCHOOL DAY.***
- Student will not share this medication with another person.
- Student will only self-administer the medication as needed, per label or prescription.
- Student agrees to inform staff if they experience any adverse reactions.
(Example: nausea, vomiting, rash, difficulty breathing, dizziness, itching, etc.)
- *HSD requests the parent/guardian provide a back-up inhaler or epinephrine auto-injector, to be kept in the office, when the student is carrying these medications.*
- *If your student attends a before or after school program on the premises when the office is closed, the back-up medication will NOT be available. HSD recommends that you provide an additional back-up epinephrine auto-injector or inhaler to the individual program.*

The HSD Emergency Guidelines will be followed, and 911 will be called to assess any student receiving rescue medications.

Permission to self-administer medication may be revoked if the student violates HSD regulations and policies. Student may be subject to discipline, up to and including expulsion, if the above rules are violated. (JHCD, JHCDA, JHCD-AR)

I have read and agree to the above criteria and give permission for my child to carry and self-administer this medication. If applicable, my child has received proper instruction by a licensed healthcare professional to administer this medication.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

District Nurse/Provider Signature: _____ Date: _____