

Self-Medication Agreement

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

1. Only self-medication of prescription medication for treatment of asthma, severe allergies and diabetes is allowed for grades K-12. A permission form must be submitted for all self-medication of all prescription for grades K-12.
2. Only self-medication of non prescription medication by grades K-12 will be allowed if the student has the ability, developmentally and behaviorally, to self medicate with permission from parent or guardian and building administrator.
3. All prescription and non prescription 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.
 - Nonprescription medication must have the student's name affixed to the original container.
4. The student may have in his/her possession only the amount of medication needed for that school day.
5. Sharing and/or borrowing of medication with another student is strictly prohibited.
6. Permission to self-medicate may be revoked if the student violates school district policy governing administration of non-injectable medication and/or these regulations. Additionally, students may be subject to discipline, up to and including expulsion, as appropriate.

I have read and agree to the above criteria and give permission for my child to carry

(Name of Medication)

(Parent/Guardian Signature)

(Date)

I agree to comply with the above criteria.

(Student Signature)

(Date)

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

(School Administrator)

(Date)