Self-Medication Agreement

Students who are developmentally and/or behaviorally able will be allowed to self-administer those prescription and nonprescription medications allowed under district policy, subject to the following:

1. A permission form must be signed and submitted for self-administration of all prescription and nonprescription medication.
    - Self-administration of prescription medication requires written, signed permission from parent (or student, as appropriate), school administrator, and prescriber or registered nurse practicing in the school setting.
    - Self-administration of nonprescription medication requires written, signed permission from parent or student, and school administrator.

2. All prescription and nonprescription 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, dose, 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.

3. The student may have in their possession only the amount of medication needed for that school day (multi-dose medications such as inhalers are acceptable).

4. Sharing and/or borrowing of medication with another student is strictly prohibited.

5. Permission to self-medicate may be revoked if the student violates school district policy governing administration of non-injectable medication and/or the above stipulations.

I have read and agree to the above criteria and give permission for my child to carry and self-administer the medication listed below. I understand that by signing this, school staff will not be guiding, monitoring, or documenting on my student's medication needs and activities.

____________________	______________________________
Name of Student	Name of Medication

____________________	______________________________
Date:	Parent / Guardian

I agree to comply with the above criteria and will notify school personnel of any unusual health symptoms:

____________________	______________________________
Date:	Student Signature

The student listed above may carry and self-administer this medication as prescribed or directed:

____________________	______________________________
Date:	School Administrator / Designee

____________________	______________________________
Date:	School Nurse