



# Self-Medication Agreement

Student\_\_\_\_\_ Date of Birth\_\_\_\_\_

Name of Medication\_\_\_\_\_ Grade/Room\_\_\_\_\_

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

1. A permission form must be submitted for all self-medication of any prescription and nonprescription medications. In the case of prescription medications, permission from the physician or other licensed health care professional is also required.
2. All prescription and nonprescription medications must be kept in its appropriately labeled, original container, as follows:
  - a. 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 including student permission to self-medicate.
  - b. Nonprescription medications must have the student's name affixed to the original container.
3. The student may have in his/her possession only the amount of medication needed for that school day, except for packaging that contains multiple doses, such as an inhaler.
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 self-medication. 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 his/her medication.**

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

**I agree to comply with the above criteria.**

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date