



## Self-Medication Agreement GRADES K-8

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

1. It is necessary for the student to carry such medication on his/her person for immediate access.
2. A permission form must be signed by a parent/guardian for self-medication of all prescription and nonprescription medication.
3. All medications must be brought from home. There is **no** supply of medication at the school to be administered to students.
4. 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, dosage, route (method of administration), and frequency or time of administration and any special instructions.
  - Nonprescription medication must have the student's name affixed to the original container.
5. Prescription medications require written instruction from the physician. The prescription label will meet this requirement if it contains the above information.
6. Nonprescription medications require written instructions from the parent/guardian, which includes the name of the student, name of the medication, route (method of administration), dosage, frequency of administration, and any special instructions.
7. The student may have in his/her possession only the amount of medication needed for that school day.
8. Sharing and/or borrowing of medication with another student is strictly prohibited.
9. Permission to self-medicate may be revoked if the student violates school district policy governing administration of noninjectable 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 (student's name)\_\_\_\_\_ to carry (name of medication)\_\_\_\_\_.

**Parent/Guardian Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

I agree to comply with the above criteria.

**Student Signature**\_\_\_\_\_ **Date**\_\_\_\_\_