

DISTRICT NAME

SELF-MEDICATION AGREEMENT

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

- 1) This Self-Medication Agreement form must be submitted for all self-medication.
  - Self-administration of non-prescription medication requires this form and permission from a school administrator. Self-administration of non-FDA approved medication must also include a written order from a prescriber.
  - Self-administration of prescription medication requires this form, and permission from a school administrator and either a RN practicing in the school setting or a prescriber. Prescriber consent can be included on the prescription label or on this self-medication agreement form.
- 2) All 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.
- 3) Sharing and/or borrowing of medication with another student is strictly prohibited.
- 4) Permission to self-medicate may be revoked if the student violates school district policy governing administration of medication and/or these regulations. Additionally, the student may be subject to discipline, up to and including expulsion, as appropriate if the self-medication policy is violated.

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Student Name: \_\_\_\_\_

I have read and agree to the above criteria and give permission to self-administer:

Name of medication: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to comply with the above criteria:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please allow this student to self-administer this medication. (Student must be developmentally and behaviorally able to self-administer.)

Prescriber or RN Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_ This student may self-administer this medication as prescribed, but the medication will be kept in the office.

School Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_