



SELF-MEDICATION AGREEMENT

Student: _____ DOB: _____

School: _____ ID#: _____ Grade: _____

MEDICATION(S) _____

Self-administration of non-prescription medication requires this form and permission from a school administrator.

<input type="checkbox"/> Student will carry and self-administer	<input type="checkbox"/> Student will carry prescription medication only *Student is unable to administer independently.
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- Medication will be administered per prescription and label instructions.
- Sharing and/or borrowing of medication with another student is strictly prohibited.
- Medication will be kept in original, appropriately labeled containers.
- Self-Medication Agreement forms must be filled out each school year.
- Only the amount of medication needed for one school day will be carried.
- Medication must be approved by Food and Drug Administration (FDA)*
- The student has been instructed on the proper use of and responsibilities for prescribed medication.
- School staff will *not* supervise or monitor students who are authorized to self-administer medication.
- If self-administering medication, the student demonstrates the ability, developmentally and behaviorally, to administer the stated medication.

Permission to self-medicate may be revoked if the student violates school district policy governing administration of medication. Additionally, the student may be subject to discipline, up to and including expulsion, as appropriate if the self-medication policy is violated.

> I have read and agree to the above criteria and give permission for the student to carry and if indicated above to also self-administer named medication(s) this school year.

Student Signature Date

Parent/guardian signature Date

Building administrator signature Date

School Nurse Date

*Prescription medication or a nonprescription medication that is not approved by the Food and Drug Administration (FDA) shall include a signed prescription and treatment plan from a prescriber or an Oregon licensed health care profession.