



## School Health Services Self-Medicating Permission Form

Note that students will not be permitted to self-administer medications that are classified as controlled substances. Medications must be kept on the student in the original container. An approved individual health care plan is required for students who will self-medicate and/or self-monitor. A new form is needed for each school year.

<b>Students Name:</b>	<b>DOB:</b>	<b>Grade:</b>	<b>School:</b>	<b>Teacher:</b>
<b>List Medication(s) and directions for medication(s) to be self-administered:</b>			<b>Diagnosis for which student is to self-medicate:</b>	

*In the section below, please read and initial each statement concerning the above medication(s) indicating you agree. All are required in order to self-medicate.*

<b>Health Care Provider: To be completed by prescriber.</b>	<b>Parent Authorization: To be completed by the legal guardian.</b>	<b>Student Authorization: To be completed by the student.</b>
<p>The student named above</p> <p>(a) has been instructed regarding the appropriate use of the medication(s) noted above (i.e., indications, actions, side effects, when to take the medication, when not to take the medication, when to seek assistance). _____</p> <p>(b) has demonstrated competency for safely self-administering the medication(s) noted above. _____</p> <p>I agree that the student named above should be allowed to possess and self-administer the medication(s) noted above while in the classroom and in any area of the school or school grounds, at any school-sponsored activity, in transit to and from school or school-sponsored activities, and during before-school or after-school activities on school-operated property. _____</p>	<p>I authorize my child to possess and self-administer the medication(s) noted above as prescribed while in the classroom and in any area of the school or school grounds, at any school-sponsored activity, in transit to and from school or school-sponsored activities, and during before-school or after-school activities on school-operated property. _____</p> <p>My child has been instructed about the proper use of the medication(s) noted above. _____</p> <p>My child has shown me that he or she can safely self-administer the medication(s) noted above. _____</p> <p>My child and I will be responsible for the proper use and safe-keeping of the medication(s). _____</p> <p>I will not hold the school district or any of its employees or agents liable if an injury occurs related to my child self-medicating. I will be responsible for any costs related to any claims that occur related to my child self-medicating. _____</p> <p>The school district and its employees and agents are not liable for an injury arising from a student's self-monitoring or self-administration of medication; The parent/guardian shall indemnify and hold harmless the district and its employees and agents against a claim arising from a student's self-monitoring or self-administration of medication _____</p> <p>I understand that my child will lose the privilege to self-medicate if he or she endangers him- or herself or another student by misusing the medication(s). _____</p> <p>I understand that my child may only self-administer the medication(s) noted above. All other medications must be given to my child by a school employee. _____</p> <p>I understand that my child must keep his or her medications in the container provided by the pharmacist or my child's health care practitioner. The container must have my child's name, the name and dosage of the medication, and the directions for proper use on it. _____</p>	<p>I know when I should and when I should not take the medication(s) noted above. _____</p> <p>I know the signs and symptoms that may mean that I should not take the medication(s). _____</p> <p>I know how much of the medication(s) noted above I should take. _____</p> <p>I know how to take the medication(s) noted above. _____</p> <p>I will take the medication(s) the way that my health care provider has instructed. _____</p> <p>I will keep the medication in the package provided by the pharmacy or my health care practitioner. _____</p> <p>I will keep the medication and any supplies needed for taking the medication(s) with me in a safe place. _____</p> <p>I will not allow other students to touch or hold my medication(s) nor any of the supplies needed for taking the medication. _____</p> <p>I understand that I will no longer be able to take my medication on my own if I endanger myself or another student by misusing the medication(s). _____</p> <p>I understand that I can only take the medication(s) noted above on my own. All other medications must be given to me by a school employee. _____</p>
<b>Prescriber Name:</b>	<b>Parent/Guardian Name:</b>	<b>Student Name:</b>
<b>Prescriber Signature:</b>	<b>Parent/Guardian Signature:</b>	<b>Student Signature:</b>
<b>Date:</b>	<b>Date:</b>	<b>Date:</b>