



Self Medication Agreement

Student's Name _____ Grade Level _____ Date _____

This agreement is intended to help clarify the responsibility of the student, the parent, and the school in regards to the student carrying his/her own medication, and to make known the consequences that will result for failing to uphold these responsibilities.

Name of the Medication: _____

The student's responsibility:

- If the student is in need of taking medication **more often** than it is ordered by the doctor, he/she must come to the nurse before taking the medication. This is because the medication can only be given as ordered by the doctor while the student is on the school campus
- The student must have the prescription label on the medication, or the student's name must be on the medication with a current order from the doctor or Medication Authorization Administration form completed by parents and kept in the Nurse's office.
- The student must keep the medication with him at all times, especially during PE or Recess. Do not keep the medication in the student's backpack. (You may keep it with the teacher).
- The student may carry medication in a backpack for use on the way to and home from school.
- No other student is allowed to touch or use the medication.
- The student is not to leave the medication in the open as this could result in another student getting their medication and using it improperly.
- Other: _____

I understand that if I do not meet all of my responsibilities as listed above that it will result in immediate loss of the privilege to carry my own medication.

Student signature: _____ Date _____

The parents' responsibility:

- I will ensure that my child has the medication he/she needs at all times.
- If any of the following are changed by the doctor, I will personally come to the Nurse's office with the new order from the doctor and sign a new permission form for giving medication.
 - Medication dosage
 - Number of times medication taken each day
- I will monitor my child frequently to ensure he is upholding his responsibilities as listed above.
- I understand that I must keep a spare medication in the school clinic for emergency backup, when necessary.
- Other: _____

I understand that either the failure of my child to uphold all of his responsibilities as listed above, or the failure of me upholding my responsibilities as listed above, will result in the termination of the privilege of my child being able to carry his own medication.

Parent Name _____ Signature: _____

Nurse's signature: _____

Administrator's signature: _____

Teacher's signature _____