

**North Santiam School District**  
**SELF-MEDICATION PERMISSION FORM and AGREEMENT** rev 7/23

Student Name: \_\_\_\_\_ School Year: \_\_\_\_\_ Grade: \_\_\_\_\_  
(PLEASE PRINT)

**ALL:** Student must be able to demonstrate the ability, developmentally and/or behaviorally, to self-administer prescription and non-prescription medication. Self-Medication form is required for all medications both prescription and non-prescription medications.

Self-medication of controlled substances and narcotic analgesics are **not allowed**. These medications must be checked into the office.

Self-Administration of Non-FDA approved medications must include a written order from the prescribing provider.

**K-8:** Self-medication of prescription medication is only allowed when a student must carry such medication on his/her person for immediate access. This requires prescribing provider authorization.

**9-12** Self-medication of prescription medication requires authorization of prescribing provider or Registered Nurse practicing in the school setting

➤ **This agreement is only in effect for current school year.**

1. All prescription and non-prescription medication must be kept in its appropriately labeled, **original container**, as follows:
  - a. Prescription labels must specify the name of the student, name of the medication, dosage, route, frequency of time of administration, expiration date, and any other special instructions. Inhalers and epinephrine auto-injectors must have a pharmacy label attached, be in a labeled pharmacy dispensed box or copy of prescription label that serves at the MD order.
  - b. Non-prescription medication **must have the student's name** affixed to the **original container**. Student is limited to 25 pills or less in their possession.
2. Students needing to self-medicate must carry their medication with them for immediate access; i.e., personal bag/purse, backpack, pocket, etc. Medication should not be left on desks, countertops or other places where others would have access to their medication. Sharing and/or borrowing of medication with another student at school or school related activities **is strictly prohibited**.
3. For students who have been prescribed bronchodilators or epinephrine, school staff will request the parent/guardian to provide backup medication for emergency use by that student. Backup medication will be kept at the student's school in a location which the staff has immediate access in the event the student has an asthma and/or severe allergy emergency.
4. Parent/guardian assures that the student has been instructed in appropriate use of medication & is able to do so independently.
5. Permission to self-medicate may be revoked if the student violates school district policy governing administration of all medications and/or these regulations. Additionally, students may be subject to discipline, up to and including expulsion, as appropriate.

**Medications indicated below must match name of medication on container. (this includes prescription and non-prescription medications.)**

1. \_\_\_\_\_

3. \_\_\_\_\_

2. \_\_\_\_\_

4. \_\_\_\_\_

**I have read and agree to the above criteria and give permission for my child to self-administer these medications.**

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

\_\_\_\_\_  
*Date*

**I agree to comply with the above criteria**

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

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*School Administrator*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Prescribing Health Care Provider or District Nurse Signature*

\_\_\_\_\_  
*Date*

*Prescriptions Meds only-Fax, Letter or Rx label can meet this requirement.*