

SISTERS SCHOOL DISTRICT

SELF MEDICATION CONTRACT BETWEEN STUDENT, PARENT AND SCHOOL

Permission for _____ to self-administer medication at school:
(Student name)

Student contract for self-administration of asthma inhaler or other medication:

1. Student has demonstrated to the nurse correct use of medication.
2. Student agrees to never share the medication with another person, or to misrepresent medication to other students.
3. Student will bring only one day's dose of medication to school each day, unless prior arrangement with nurse and parent has been made.
4. Student may be subject to discipline, up to and including expulsion, as appropriate if the Board's policy or regulations regarding self-administration of medication is violated.
5. In the case of asthma inhalers, the student agrees that after two puffs, if there is not marked improvement, he/she will go to see the nurse immediately.

Student Signature _____ Date: _____

Parent permission:

I give permission for my child to carry the medication described below. This medication is to be used for treatment listed below and is to be given to allow the student to remain in school. I understand that he/she must follow the rules listed above. I will notify the school of changes in medications or my child's condition. I understand that according to school policy, permission to self-medicate may be revoked if the student violates the Board's policy or regulations governing administering medicines to students. In addition, students may be subject to discipline, up to and including expulsion, as appropriate. Students in grades 9 through 12 only may carry medications other than asthma inhalers.

NAME OF MEDICATION	DOSE/ROUTE	FREQUENCY OF USE	CONDITION FOR WHICH MEDICATION IS USED

Start date: _____ Stop date: _____

Parent name: _____

Parent signature: _____ Date: _____

Nurse signature: _____ Date: _____