

Jackson County Central Schools

Self Administration of Medication Authorization

Jackson County Central allows secondary students to carry and self-administer over-the-counter medications with a written parent/guardian authorization. Medications **MUST** be carried in the **original manufacturer's bottle/packaging** and only taken per manufacturer's directions unless a physician's order is provided.

Parent Authorization

I authorize my child to carry and self-administer the over-the-counter medication/s listed below.

Student's Name: _____ Date of Birth: _____

Grade: _____ Allergies: _____ Physician: _____

Authorized medication/s to carry and self-administer: _____

This authorization is given based on the following:

- My child is capable of and has been instructed on the proper method of self-administration of this medication.
- I understand that this privilege may be revoked if the student agreement (see below) is violated.
- I understand that this authorization will be effective for the current school year and must be renewed annually.

Parent Signature: _____ Date: _____

Student Agreement

- I will only carry medication in the original manufacturer's bottle.
- I will take medication as directed on the bottle.
- I will not allow anyone else to use my medication.
- I will notify the office if I have taken the medication and my symptoms are worse.
- I understand that if I do not follow the terms of this agreement, my privilege to carry and self-administer my medication will be revoked.
- Other: _____

Student Signature: _____ Date: _____