

Rainier School District #13

Self-Medication Agreement

Students, who are developmentally and behaviorally able, will be allowed to self-administer prescription and nonprescription medication, subject to the following:

1. A permission form must be submitted for all self-medication of all prescription and non-prescription medication that is signed by the parent/guardian, student, building administrator, and in the case of prescription medications, an Oregon-licensed provider.
2. All self-medication authorizations for asthma and severe allergy medications (example: inhalers and epi-pens) must also have a written treatment plan that is signed by an Oregon-licensed provider.
3. All prescription and nonprescription 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, and frequency or time of administration and any other special instructions.
 - b. Nonprescription medication must have the student's name affixed to the original container.
4. The student may have in his/her possession only the amount of medication needed for that school day.
5. Sharing and/or borrowing of medication with another student is strictly prohibited.
6. Permission to self-medicate may be revoked if the student violates school district policy governing administration of non-injectable medication and/or these regulations. Additionally, students may be subject to discipline, up to and including expulsion, as appropriate.

Student Name: _____ Grade: _____

Medication Name: _____ Dose: _____

Route: _____ Frequency: _____

Special Instructions: _____

I have read and agree to the above criteria and give permission for my child to carry his/her medication.

Parent/Guardian Signature

Date

I agree to comply with the above criteria

Student Signature

Date

This student has my permission to self medicate the above medication at school.

Building Administrator Signature

Date

This student is developmentally and behaviorally able to independently self medicate the above prescription medication at school.

Oregon-Licensed Provider Signature

Oregon-Licensed Provider printed name

Date

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