# Self-Medication Agreement

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

1) This Self-Medication Agreement form must be submitted for all self-medication.
    a) Self-administration of non-prescription medication requires this form and permission from a school administrator. Self-administration of non-FDA approved medication must also include a written order from an Oregon licensed prescriber.
    b) Self-administration of prescription medication requires this form, and permission from a school administrator and either a RN practicing in the school setting or a prescriber. Prescriber consent can be included on the prescription label or on this self-medication agreement form.
    c) Medications for asthma, anaphylaxis, seizures, diabetes and any other diagnosis requiring a rescue medication must also have a treatment plan signed by an Oregon licensed provider.
2) All medication must be kept in its appropriately labeled, original container as follows:
    a) Prescription labels must specify the name of the student, name of medication, dosage, route, frequency, time of administration and any other special instructions.
    b) The student must have in their possession only the amount of medication needed for that school day.
3) Sharing and/or borrowing of medication with another student is strictly prohibited.
4) Permission to self-medicate may be revoked if the student violates school district policy governing administration of medication and/or these regulations. Additionally, the student may be subject to discipline, up to and including expulsion, as appropriate, if the self medication policy is violated.

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**Student Name**:_____ **Grade:**_____

**Student and parent/guardian agree to the above criteria and give permission to self-administer:**

**Name of medication:**_____

**Dose:**_____ **Frequency:**_____

**Parent/guardian signature:**_____**Date:**_____
(Students 15 years of age or older can self consent for medical and dental care, students 14 years of age or older can self consent for mental health care)

**School Administrator Signature:**_____**Date:**_____
(Required for all self-medication agreements)

**Prescriber or School RN signature:**_____**Date:**_____
(Required for prescription medication. Prescribers must be licensed in the State of Oregon)

Update: 4-2020