

**Bethel School District #52
Eugene, Oregon 97402**

SELF-MEDICATION AGREEMENT

Students, who are developmentally and/or behaviorally able, will be allowed to self-administer prescription and non-prescription medications, subject to the following. Certain medications, such as stimulants, narcotics and barbiturates are not allowed to be self-medicated.

1. This agreement form must be submitted for self-medication of all prescription and non-prescription medication in grades K – 8.
2. All prescription and non-prescription medication must be kept in its appropriately labeled, original container, as follows;
 - 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.
 - Non-prescription medication must have the student’s name affixed to the original container.
 - For non FDA approved meds; see Parent’s guide to Medication law
3. The student may have in their possession only the amount of medication needed for that school day. Multi-dose inhaler is an exception.
4. Sharing and/or borrowing of medication with another student is strictly prohibited.
5. 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.

I have read and agree to the above criteria and give permission for my child to carry their own medication for the following:

- Medication: _____
- Dose: (how much) _____
- Frequency:(how often) _____
- Route: (circle one)
Oral, Inhalation, Topical, Nasal,
Rectal, Optic, Otic
- Time: _____
- _____ Non Prescription
- _____ Prescription
- Reason for medication:

(Parent/Guardian signature) Date _____

I agree to comply with the above criteria.

(Student signature) Date _____

(printed student name and date of birth) (name of RN who gave approval)