



**PERMISSION FOR STUDENT TO SELF-MEDICATE (FORM B)
(SUBMIT WITH FORM A – “AUTHORIZATION FOR MEDICATION ADMINISTRATION”)**

Student Name: _____ Date of Birth: _____

School/Grade: _____ Teacher: _____

Students who are developmentally and behaviorally competent will be allowed to carry and self-administer prescription and non-prescription medications, subject to the following:

1. Self-administration of medication requires authorization from both parent and school administrator. NOTE: Prescription medications (including inhalers) require additional authorization from a medical practitioner. The practitioner authorization to “self-medicate” may be stated on the prescription label OR written separately (on Form A – “Authorization for Medication Authorization”).
2. The medication must be kept in the original, appropriately labeled container, as follows:
 - Non-prescription: must have student’s name affixed to original container.
 - Prescription: Prescription label must specify the name of the student, name of the medication, dosage, route, and frequency or time of administration and any other special instructions.
3. The student may have only the amount of medication needed for one school day, except for medication packages with multiple doses, such as inhalers or “blister packs.”
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 medications and/or these regulations.

Please review the district policies governing administration of medication at our district website: Banks.k12.or.us under “Board Policies.”

Parent/Guardian: Please complete the information in the box below:

		See form A or RX label for medication instructions including dose, route, time, frequency and special instructions.
Name of Medication	Reason for medication	Medication instructions
<i>I give permission for my child to carry and self-medicate with the above medication, in accordance with the district policies stated above.</i>		
Parent/Guardian Signature/ Date		Home Phone & Work Phone

Student Signature/Date (*I have reviewed and agreed to follow the district polices as stated above*)

Building Administration/Designee Signature/Date (*approval required*)