



Sweet Home School District #55
Sweet Home, Oregon

PERMISSION FOR STUDENT SELF-MEDICATION

Student's Name _____

All prescription and nonprescription medication must be kept in its appropriately labeled, original container. Nonprescription medication must have the student's name printed on the container. The student may have in his/her possession only the amount of medication needed for that one school day.

Diagnosis or reason for medication: _____

Table with 5 columns: Medication, Directions, Time, # of days, Route (by mouth, on skin, etc.)

This student has my permission to self-administer the above medication(s):

Parent's signature _____ Date _____

Building principal permission is required for all self-medication requests.

This permission may be revoked if the student violates school policy, medical protocol or treatment plan.

Sharing and/or borrowing of medication with another student is strictly prohibited.

FOR PRESCRIPTION MEDICATIONS ONLY

PHYSICIAN AUTHORIZATION

Written authorization and instructions by the prescribing physician are now required by Oregon law for students to carry and self-administer prescription medication during the school day.

- Student has demonstrated competency and has my permission to carry and self-administer prescription medication during the school day.
Asthma/allergy action plan attached (if applicable).
Specific instructions (medical protocol or treatment plan) for student to follow when taking this medication at school (required if not included in asthma/allergy plan).

Physician Name (please print/stamp) Address Zip Code

Physician's Signature Phone Number Date