



SELF- MEDICATION PERMISSION FORM

CHILD'S LEGAL NAME _____

SCHOOL _____ GRADE _____ BIRTHDATE _____

MEDICATION ALLERGIES _____

Only prescription medications scheduled to be taken during school hours and non-prescription medications necessary for the student to remain in school are to be self-administered subject to the following:

- 1. Complete and sign this form making sure to list medication, dose, route, time and any directions.
Medication cannot be self-administered without a parent/guardian signature
2. "Non-prescription medication" means only commercially prepared, non-alcoholic medication to be taken at school that is necessary for the child to remain in school.
3. Prescription medications require permission from the students medical provider.
4. Building principal permission is required.
5. All prescription medication must be in the original container with current prescription label including: the student's name, the medical providers name, and instructions;
6. Student may have in his/her possession only the amount of medication needed for that day;
7. Sharing and/or borrowing of any medication with another student is strictly prohibited;
8. Permission to self-medicate may be revoked if the student violates KCSD Policy;
9. If the student is to carry their own inhaler or EpiPen, the parent or guardian must provide backup medication for emergency use by student.

A new Medication Permission Form and new medical provider instructions need to be completed with any change in medication or start of a new medication. Please keep the school updated on any changes.

Table with 5 columns: MEDICATION, DOSE, ROUTE, TIME, DIRECTIONS. Two empty rows for data entry.

Principal Signature: _____ Date: _____

District Nurse Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Note: When students self-medicate, school personnel are not required to document the medication administration for record keeping purposes.