



MEDICATION PERMISSION FORM

STUDENT'S LEGAL NAME: _____

SCHOOL: _____ GRADE: _____ BIRTHDATE: _____

MEDICATION ALLERGIES: _____

Only prescription medications scheduled to be given during school hours and non-prescription medications necessary for the student to remain in school will be administered by school staff. Medication must be transported to and from school by the parent/guardian.

In order for school staff to administer medication and remain compliant with the current state law (OAR 581-021-0037) the parent/guardian is required to complete the following steps:

- 1. Complete and sign this form making sure to list medication, dose, method, time and any special instructions. Medication cannot be administered without a parent/guardian signature;
2. All prescription medication must be in the original container with current prescription label which includes the student's name, the doctor's name, and instructions.
3. "Non-prescription medication" means only commercially prepared, non-alcohol based medication to be taken at school that is necessary for the child to remain in school. This shall be limited to eyes, nose and cough drops, cough suppressants, analgesics, decongestants and antihistamines, topical antibiotics, anti-inflammatories and antacids that do not require written or oral instructions from a medical provider. Non-prescription medication does not include dietary food supplements.

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.

The medication will be given by a school employee, who will receive instruction by a district nurse.

MEDICATION DOSE METHOD TIME DIRECTIONS

Table with 5 columns and 2 rows for medication details.

Special instructions: _____

Parent Signature: _____ Date: _____



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.** This shall be limited to eyes, nose and cough drops, cough suppressants, analgesics, decongestants and antihistamines, topical antibiotics, anti-inflammatories and antacids that do not require written or oral instructions from a medical provider. Non-prescription medication does not include dietary food supplements;
3. **Prescription medications require permission from the students medical provider,** which may be indicated on the label;
4. **Building principal permission is required.** The principal may consult the district Student Health Services regarding the appropriateness of the self-medication request;
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.

MEDICATION	DOSE	ROUTE	TIME	DIRECTIONS

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.