

Student Agreement for Self-Carried Medication

Student: _____ Grade: _____ School: _____
Parent: _____ Telephone Number: _____

Licensed Health Care Provider: _____ Telephone Number: _____
Medication: _____ Dose and Time: _____

“Self-medication/Self-carry medication: The only medications that are allowable to be self-administered or self-carried by a student are rescue meds, epi-pens, insulin, and inhalers.” Page 46 WMPCS Parent Handbook

Medication is permitted in accord with state laws and school policy. Both student’s health care provider and parent/guardian must complete Medication Authorization Form. Student’s name must appear on inhaler/container.

RESPONSIBILITIES

I plan to keep my inhaler, equipment, and/or Epinephrine auto injector with me at school.

I agree to use my inhaler, equipment, and/or Epinephrine auto injector in a responsible manner, in accordance with my licensed health care provider’s orders.

I will notify the school staff (i.e., teacher, admin.) if I am having more difficulty than usual with my health condition.

I will not allow any other person to use my inhaler, equipment, and/or Epinephrine auto injector. If I use the medication in a manner other than as prescribed, the school may impose disciplinary action according to the school’s disciplinary policy.

Student’s signature _____ Date _____

_____ Written statement, treatment plan and emergency action plan completed by the health care provider and on file at a location that is easily accessible.

_____ Demonstrates correct use/administration.

_____ Recognizes proper and prescribed timing for medication.

_____ Agrees to carry medication.

_____ Knows health condition well.

_____ Keeps a second labeled container in health office or main office per G.S. 115C-375.2

_____ Will not share medication or equipment with others.

Student Signature: _____ Date: _____

School Signature: _____ Date: _____