



Contract for Self Administration/Possession of Emergency Medication

This form is valid for one calendar school year only

Student's Name: _____ School Year: _____

Date of Birth: _____ Age: _____ School: _____

Grade: _____ Name of Medication(s): _____

To be completed by student:

I AGREE TO:

- Never share, sell, or distribute my medication to another person.
- Carry the medication in its original, properly labeled prescription/over the counter container.
- Take medication only at the prescribed time/frequency and correct dose.
- If an emergency medication is taken or I do not feel well, I will notify my teacher or the school office immediately.
- If self administration of epinephrine is given, I will seek help immediately following administration.

I am knowledgeable regarding the dose, desired effects, side effects and administration of the medication. I understand, If I do not comply with this agreement that the medication will be confiscated and returned to my parent/guardian and the privilege of self administration/possession will be revoked.

Student Signature: _____ Date: _____

To be completed by Parent/Guardian:

I AGREE TO:

- Make sure my child carries his/her medication as prescribed by the authorizing medical provider, while on school property and on field trips.
- My child understands how and when to properly use their medications as prescribed.
- The medication will be kept in the original properly labeled container and the expiration date is current. It is my responsibility to make sure the medication has not expired, as expired medication can not be administered during school or school sponsored events.
- In case of any changes in medication, I will complete and provide an updated contract for self-administration/possession of medication form to the school office, and an updated medical care plan, if needed.
- I understand that this contract is in effect for one (1) calendar school year unless discontinued by my child's authorized medical provider or if my child fails to meet the safety contingencies.

Parent/Guardian Signature: _____ Date: _____