



Westonka

PUBLIC SCHOOLS

SELF-ADMINISTRATION OF NON-PRESCRIPTION (OVER-THE-COUNTER) MEDICATION DURING THE SCHOOL DAY

Parents/Guardians of **high school students** requesting that a non-prescription medication be self-administered during school hours by the student are required to provide for the school:

- 1) a **parental release**, and
- 2) medication supplied in the **original container** containing no more than a 24 hour recommended dosage.
- 3) a **signed student agreement** (*see below*).

Nonprescription pain medication may include only: naproxen, acetaminophen, ibuprofen, or aspirin. Medications containing ephedrine or pseudoephedrine may not be self-administered at school.

PARENTAL REQUEST FOR SELF-ADMINISTRATION OF NON-PRESCRIPTION MEDICATION

I believe that my student is capable of self-administering the following medication for the treatment of:

My student is knowledgeable about the medication and how to administer it.
 My student has the skills to safely possess and use the medication.
 My student may self-administer the following medication:

Medication: _____ Dose: _____ Frequency: _____

Parent/Guardian Signature: _____ Date: _____

STUDENT AGREEMENT

I agree to:

- 1) Follow my parent/guardian instructions.
- 2) Not allow anyone else to use my medication.
- 3) Keep a current supply of medication located: _____
- 4) Keep only the recommended 24 hour dosage at school.
- 5) Take the medication in a discreet manner.

I understand that permission for self-administration of medication may be suspended if I am unable to follow the procedure outlined.

Student Signature: _____ Date: _____