

BEND-LA PINE SCHOOLS AUTHORIZATION FOR MEDICATION ADMINISTRATION BY SELF

Student Name: _		Student ID#				
DOB:	Grade level:	School:				
Phone #s: Home):	Mom Work:	Mom cell:			
Dad v	vork:	Dad cell:	Emergency:			
I am giving my chi	ld permission to self-	administer medications:				
☐ Prescription R	× *		☐ Non Prescription			
Medication:			List non-prescription drugs	List non-prescription drugs that your		
Dose: (how much)			child is allowed to have on them:			
Frequency: (how	often)					
Route: (circle one	e)					
By: mout	h ear eye no	se skin	* Students may only have in their			
Time:			possession the amount of	possession the amount of medication		
Duration: Start da	te End date		needed for that day.			
Reason for Medic	ation:					
(This authorization app	Signature:	listed above and for the duration	Date: of treatment or school year). This also authorize sonnel, and/or my child's health provider.			
	the above medication		_	n require:		
Physician's Name	(Please print/stamp	Addr	ess City St	tate Zip		
Physician's Signa	ture	Phon	e # Effective [Effective Date		



520 N.W. Wall Street **Special Programs Office** Bend, Oregon 97701-2699 (541) 383-6051

BEND-LA PINE SCHOOLS SELF-MEDICATION AGREEMENT

Students who are developmentally and/or behaviorally able, will be allowed to self-administer prescription and nonprescription medication, subject to the following:

- An Authorization for Medication Administration by Self permission form must be submitted for all self-medication of all prescription and non prescription medication.
- 2. All prescription and non prescription medication must be kept in its appropriately labeled, original container, as follows:
 - a. Prescription labels must specify the name of the student, name of the medication, dosage, route, and frequency or time of administration and any other special instructions.
 - b. Non-prescription medication must have the student's name affixed to the original container.
- 3. With the exception of inhalers, the student may have in his/her possession only the amount of medication needed for that day.
- 4. Sharing and/or borrowing of medication with another student are against school district policy, and will be treated as a drug infraction.
- 5. Permission to self-medicate may be revoked if the student violates school district policy governing administration of non-injectable medication and/or these regulations. Additionally, students may be subject to discipline, up to and including expulsion, as deemed appropriate.

Student Name:	School:
I have read and agreed to the above criteria medication.	and give permission for my child to carry his/her
Parent/Guardian Signature	Date
I agreed to comply with the above criteria.	
Student Signature	 Date