



Self-Administration Authorization

High School students may possess and self-administer some medications as indicated by law. All medications that are to be self-administered should be used in a manner consistent with the label and remain in the original, labeled container. A written request must be made from the parent/guardian and the healthcare provider in the case of prescription medications such as insulin and life-threatening allergy medication (eg., EpiPen, AvuiQ).

The student must sign and agree to the student contract. For high school students, non-prescription pain medication may include: acetaminophen and non-steroidal anti-inflammatory drugs (NSAIDs, including naproxen, ketoprofen, and ibuprofen). Aspirin is not recommended in this age group due to the risk of Reye's Syndrome. Medications containing ephedrine or pseudoephedrine are not allowed to be self-administered at school.

Student Contract	
	School Year: _____
I, _____ agree to:	
(Student Name)	
<ul style="list-style-type: none"> ● Follow the instructions on my medication container ● Not allow anyone else to use my medication ● Notify the health/front office if my symptoms get worse or if I suspect I am experiencing side effects of the medication 	
I understand I will lose the privilege of self-carrying my medication if I am unable to follow this procedure.	
Student Signature: _____	Date: _____

Parent/Guardian Request and Authorization for Self-Carry/Self-Administration

_____ has my permission to carry and
(Student Name)
self-administer the following medication at school:

_____ (Name of Medication) _____ (Dose) _____ (Reason for Taking)

This authorization is effective for the current year and must be renewed annually.

Parent/Guardian Signature _____ Date _____

Approval of School Nurse _____ Date _____