



USD 320 Permission for Self-Administration of Medication

Student: _____ School: _____ Grade: _____

Emergency Contact Name: _____ Phone #: _____

Medication Permitted to Self-Carry and Self-Administer:

- Ibuprofen (Advil, Motrin)
- Acetaminophen (Tylenol)
- Tums
- Cough Drops
- Antihistamine (Claritin, Zyrtec, Benadryl)
- Topical Ointment/ Steroid Cream
- Other: _____

I hereby give my permission for _____ to administer the above medication at school as directed. I understand that it is my responsibility to furnish this medication. I acknowledge that the school incurs no liability for any injury resulting from the self-administration of medication and agree to indemnify and hold the school, and its employees and agents, harmless against any claims relating to the self-administration of such medication.

My child has been instructed on self-administration of the listed medication(s) and is authorized to do so in school. I understand parent permission must be renewed annually.

Parent/Guardian Signature (Required)

Date

Student Misuse of Medication (Policy JDDAA)

Unless otherwise provided herein, students found to be self-administering their own medication at a dosage or rate exceeding product label instructions; distributing over-the-counter or prescription medications to other students; or using or possessing another person's over-the-counter or prescription medication will be subject to disciplinary action, up to and including suspension and expulsion from school.

I have read and understand the Student Misuse of Medication Policy as listed above.

Student Signature (Required)

Date

REVIEWED BY USD 320 REGISTERED NURSE: _____