

Agreement for Self-Administration of Medication Klamath Union High School/Klamath Learning Center

(KF City Schools do not provide any prescription or non-prescription medications for students use.)

For all students that self-administer medications at school, this agreement must be signed by the parent/guardian and child. Students who are developmentally and behaviorally able are allowed to self-administer non-prescription and prescription medications, subject to the following:

Parents may provide medication for students to be distributed in the health office **or** the student may self-administer according to the district rules listed below.

Student Health/Treatment plans are required if students carry prescription medications for asthma, diabetes and/or severe allergies. (Contact the school nurse.)

If your student carries an inhaler, Epi-pen, or Glucagon, please provide back-up medication to be kept in the office.

Non-prescription medication taken at school means only commercially prepared non-alcohol based medication *that the student needs to remain in school*. According to the KF City School District Policy, types of **nonprescription**, over-the-counter medication allowed for grades 9-12 include the following:

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| ** eye medication, nose medication | ** Cough suppressants |
| ** Analgesics (e.g. Tylenol, Ibuprofen). | ** Cough Drops |
| ** Antihistamines, Topical antibiotics, anti-inflammatory | ** Decongestants |
| ** Medications not listed must be cleared by the school nurse or school administrator. | ** Antacids |
- **Dietary food supplements are not allowed at school.**

For nonprescription medications follow the dosage amounts according to medication packaging instructions.

1. Self administration of prescription medication **requires** physician consent on the prescription label or on the medication form.
2. All medications carried by students must be kept in the **ORIGINAL** container and labeled correctly as follows:
Nonprescription medication must have the students name affixed to the original container.
Prescription medications must have the original label and include the name of the student, name of the medication, dosage, method of administration, and frequency or time of administration and any other special instructions.
3. The student may keep in his/her possession **only the amount of medication needed for that school day** except for manufacturers packaging that contains multiple dosage, like bronchodilators/inhalers.
4. **Sharing and borrowing of medication with another student is strictly prohibited!**

Permission to self-medicate may be revoked if the student violates school district policy governing self-administration of medication and/or these regulations. Students may be subject to discipline, up to and including expulsion as appropriate.

Complete policies may be found at policy.osba.org/kfalls/index.asp (JHCD, JHCDA, JHDA, JHDC-AR)

I have read and agree to the above criteria for my child to self-administer medication at school and on school sponsored activities. I certify that I have instructed my child on the proper use of the medication according to the prescription or over-the-counter instructions.

Parent Signature/Date _____

I agree to comply with the above criteria.

Student Signature/Date _____

My student **DOES NOT** have permission to self-administer medication at school or on field-trips.

Parent Signature/Date: _____

Administrator/Designee Signature _____ Date: _____