



Red Rock Elementary School District No. 5

20854 E. Homestead Dr. Red Rock, AZ 85145

Phone: 520-682-3331 Fax: 520-917-7310

PERMISSION FOR A STUDENT TO SELF-ADMINISTER MEDICATION

Important Information:

Parents assume full responsibility for the self-administration of any medication at school. The student and the parent are jointly responsible to assure that all necessary permission forms are kept with the medication at all times. The student and the parent are jointly responsible to assure that the medication is properly administered. It is against Red Rock Elementary school district for any student to share, distribute or sell any medication. Policy dictates that any such action on the part of the student will result in severe disciplinary action. Red Rock Elementary School assumes no responsibility for monitoring self-administered medications or any side effects thereof.

Student Name: _____ School: Red Rock Elementary Grade: _____
Home Room #: _____ Home Room Teacher: _____
Name of medication: _____ Amount to be taken _____
Reason for medication: _____
Prescribing Doctor: _____
Time(s) be taken: _____ Circle one: Daily As Needed
Duration of treatment: From: _____ To: _____
Any Known Drug or Food Allergy: _____ Yes _____ No
Details: _____

Self-Administering Medication At School

A signed physician's statement indicating the necessity must accompany any request for self-administration of medicine, whether it is prescription or over-the-counter medicine except in the case of medication for diagnosed anaphylaxis and breathing disorders requiring handheld inhaler devices. In these cases the student's name on the prescription label is sufficient for the physician's recommendation.

Prescription medication must be in the original container as prepared by a pharmacist and labeled, including the patient name, name of medication, dosage, and time to be given. An over-the-counter medication must be in the original packaging, with all directions, dosage, compound contents, and proportions clearly marked. Student misuse of medication being self-administered may result in seizure of medications and disciplinary action.

The student may carry one daily dosage of medication each day unless the medication is a handheld inhaler device, for anaphylaxis, or prescribed differently. Glass containers are prohibited. Please request or purchase only plastic or paper containers.

I hereby authorize my child to self-administer the above named medication. I have instructed my child **NOT** to make available, provide or give his/her medication to any other student. My child will immediately report the loss or theft of this medication. I understand that I am liable for any consequences.

Parent or Guardian's Signature

Date