



Medford School District 549C Medication Administration Permission

Student _____ Date of Birth _____ School/Year _____
First Last

Parent(s)/Guardian(s): _____

Parent/Guardian: Please indicate below how your child's medications will be managed

- Medications to be **administered by school staff**
- Over the counter Medication(s)
 - Prescription Medication(s)
 - Epipen
 - Inhaler
 - Student Carries
 - In the office

- Medications to be **self-administered** by student
- Over the counter Medication(s)
 - Prescription Medication(s)
 - Epipen
 - Inhaler

Name of medication(s): **MUST BE COMPLETED BY PARENT/GUARDIAN:**

Name of Medication	Staff or Student to Administer?	Dose	Route	Time(s) to be administered	Expiration date	Special Instructions

By signing below, I consent to the release of the information pertaining to my child's health to the staff members who have custodial care and those who may need to know to maintain my child's health and safety during the school day. I agree to provide non-expired medication with original or prescription labeling. I give permission to authorized staff members of the Medford 549C School District to administer the above medication(s) to my child. ***I have read and understand Medford School District, 549c Policy for Medication Administration and Student Self-medication Administration.***

Parent/Guardian Signature _____ Date _____

Student Self Administration: ONLY COMPLETE IF STUDENT WILL CARRY AND ADMINISTER MEDICATION

I agree that my child is developmentally able to carry the above named medication safely and responsibly.

Parent/Guardian signature _____ **Date** _____

I agree to comply with the self-medication administration policy and I understand I can be disciplined for not doing so.

Student Signature _____ **Date** _____

This student may carry and self-administer this medication as prescribed (for prescription medications only).

Physician/Licensed Health Care Provider Signature _____ **Date** _____

This student may carry and self-administer this medication as labeled.

School Administrator/Designee Signature _____ **Date** _____



Medford School District 549c Authorization for Medication Administration and Self-Medication Administration

Medication Administration by School Personnel

Medford School District 549C complies with Oregon State Law requiring that ALL medications administered at school have a signed authorization form from the parents giving specific instructions for administration. This includes over-the-counter medications such as cough drops or Tylenol. Forms are available in the school office. Whenever possible, medication should be given at times other than school hours.

1. A permission form must be filled out by the parent/guardian to administer medications.
2. The medication must be supplied in the **original** labeled container.
3. Students cannot transport their own medications.
4. Changes to the medication must be made by the parent/guardian in writing.

The label must include: your student's name, name of medication, amount of dosage, route to be administered, time to be given, any special instructions and physician name (for prescription medication). A current pharmacy label meets this requirement.

Self-Medication Administration by Student

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

1. A permission form must be submitted for all self-administration of prescription and nonprescription medication and requires permission from parent and school administrator.
2. Self-administration of **prescription medication** also requires permission from physician or other licensed health care professional.

The medication label must include: your student's name, name of medication, amount of dosage, route to be administered, time to be given, any special instructions and physician name (for prescription medication). A current pharmacy label meets this requirement.

The student may have in his/her possession only the amount of medication needed for that school day. Sharing of medication with another student is strictly prohibited. **Violation can result in discipline, which may include suspension or expulsion.** Permission to self-medicate may be revoked if the student violates school district policy governing administration of non-injectable medication and/or these regulations.

The following School Board Policies and Oregon regulations apply to medication at school and can be viewed at www.medford.k12.or.us

- School Board Policy J.HCD Dispensing Medication at School
- School Board Policy J.HCD-AR Administering Non-injectable Medications to Students
- School Board Policy J.HCDA Administering Injectable Medicines to Students
- Oregon Administrative Rule 581-021-0037