

Over-the-Counter Medication Self-Carry Contract

This self-carry contract for 1-2 doses of over-the-counter medication such as Tylenol, Motrin, Tums is in effect for the current school year unless revoked by school staff for failure to meet safety contingencies.

Name of Medication: _____

Student's Name: _____

- I plan to keep 1-2 doses of my medication with me at school rather than in the school health office. I will keep my medication _____.
- I agree not to not leave my medication unattended.
- I agree to use my medication in a responsible manner, in accordance with the directions for use listed on the manufacturer's label.
- I agree that I will no longer be permitted to self-carry over the counter medication if I misuse or abuse it.
- I will notify the school health office immediately if I am having difficulty and my symptoms are not relieved after taking a dose of my medication.
- I will not allow any other person (student or adult) to use my medication.

Student's Signature: _____ **Date:** _____

Parent/Guardian's Name: _____

- I give permission for my child to self-carry and to self-administer 1-2 doses of his/her medication independently as needed.
- I agree to see that my child carries a limited amount (1-2 doses) of his/her medication as prescribed and that the medication is in the proper over-the-counter labeled container and the medication is not expired.
- I acknowledge that students who misuse this privilege may be subject to disciplinary action per applicable school board policies.
- I release District 49, its employees, agents and volunteers from any and all liability related to my child's self-carry and self-administration of the above-named over-the-counter medication.

Parent's Signature: _____ **Date:** _____

School Nurse: _____

- I have agreed to allow the above-named student to self-carry and self-administer 1-2 doses of _____ while at school.
- The above-named student has demonstrated that he/she is capable to self-carry and self-administer the over-the-counter medication responsibly.
- The above-named student has verbalized an understanding of following the directions for use listed on the manufacturer's label.
- Appropriate school personnel have been notified about the student's permission to self-carry and self-administer the above-named medication in limited quantity (1-2 doses) while at school.

School Nurse's Signature: _____ **Date:** _____