



Medication Request Form: Permission to Self-Carry

Prescription Over-The-Counter

Students in grades 9-12 may carry and self-administer prescription and over the counter medication (AS LONG AS IT IS NOT A CONTROLLED SUBSTANCE) **ONLY IF APPROPRIATE FORMS ARE ON FILE IN THE SCHOOL OFFICE.**

- If the Medication Request Form and Permission to Self-Carry form are not on file in the office, then the privilege to carry medication will be immediately revoked. They will instead need to go to the office to take all medications.
- They may NOT share their medication with any other student. If the student shares their medication with anyone the privilege to carry medication will be immediately and permanently revoked. They will instead need to go to the office to take all medications.

Medication	Dose	Route	Time to be administered	Reason
1.				
2.				

I agree to only carry one day's dose of the above medication at a time and take it only as prescribed. I will not share my medication with anyone and I understand that if I do I will lose my self-carry privilege permanently.

Student Signature: _____ Date: _____

I give consent for my student to self-carry one day's dose and administer the medication as prescribed above. I understand that the school will not monitor this medication administration. I have read and understand the requirements for my student to have this privilege. I agree to notify the school in writing at the termination of this request or when any changes in the above order is necessary.

Parent/Guardian Signature: _____ Date: _____