

**MINOOKA COMMUNITY HIGH SCHOOL
DISTRICT 111**

SELF-ADMINISTRATION OF NON-PRESCRIPTION MEDICINE – BY STUDENT

School Year 2010-2011

The responsibility for administering medication rests with the student's parent(s) or guardian(s).

Parent(s) are requested to inform the school in writing that their child will be self-administering.

The medication will remain in the possession of the student at all times and must not be shared with other students

The student may not possess at any time a quantity beyond a 12 hour dosage per bottle instructions.

The student will be responsible for taking the medication at the proper interval

The classroom teacher will give the student the opportunity to take the medication outside of the classroom.

Each different medication must be on its own, separate form.

New medication form(s) must be completed and submitted each school year.

There will be no other involvement by school personnel concerning the self-medication of the student.

After reading the above guidelines for SELF-ADMINISTRATION OF NON-PRESCRIPTION MEDICATION, I am requesting that my child be allowed to self-administer his/her own medication. PLEASE SIGN AND RETURN FORM TO NURSE'S OFFICE.

STUDENT NAME _____ BIRTH DATE _____

NAME OF MEDICATION _____ DOSE _____

FREQUENCY _____

WHY IS MEDICATION NEEDED? _____

SIDE EFFECTS OR SPECIAL INSTRUCTIONS: _____

Parent/Guardian Signature

Date

Parent/Guardian Name Printed