

**OREGON CITY SCHOOL DISTRICT  
DISTRICT HEALTH SERVICES**

**SELF-MEDICATION AGREEMENT**

Students, who are developmentally and/or behaviorally able, will be allowed to self-administer prescription and non-prescription medication without the assistance of trained school personnel, subject to the following:

1. A permission form must be submitted for self-medication of all prescription and non-prescription medication.
2. A physician must sign giving permission for a student to self-administer prescription medications.
3. All prescription and non-prescription medication must be kept in it's original/labeled container, as follows:
  - Prescription labels must specify the name of the student, name of the medication, dosage, delivery method, and frequency or time of administration and any other special instructions.
  - Non-prescription medication must have the student's name affixed to the original container.
4. The student may have in their possession only the amount of medication needed for that school day.
5. Sharing and/or borrowing of medication with another student is strictly prohibited.
6. Permission to self-medicate may be revoked if the student violates school district policies governing administration of non-injectable medication and/or these regulations. Additionally, students may be subject to discipline, up to and including expulsion, as appropriate.

I have read and agree to the above criteria and give permission for my child to carry their own medication.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**I agree to comply with the above criteria.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date