

## Self-Medication Agreement for Prescription Medication

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

1. Self-administration of prescription medication requires permission from parent. Parental and consent is to be included on the prescription label and the medication consent form.
2. The medication must be kept in its appropriately labeled, original container, as follows:
  - Prescription medication label must specify the name of the student, name of the medication, dosage, route, and frequency or time of administration and any other special instructions.
3. **Sharing and/or borrowing of the prescription medication with another student is strictly prohibited.**
4. **Permission to self-medicate may be revoked if the student violates Archdiocesan school policy governing administration of prescription medication and/or these regulations.**

*I have read and agree to the above criteria and give permission for my child to carry*

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*(Name of Medication)*

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*(Parent/Guardian Signature)*

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*(Date)*

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

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*(Student Signature)*

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*(Date)*