



School Year \_\_\_\_\_

### Self-Administration of Non Prescription Pain Medication Authorization

When a parent/guardian, 7th-12th grade student and Health Clerk agree that self-administration of non-prescription pain medication is appropriate for an individual student, the procedure must be done safely, carefully and accurately. A written request by the parent/guardian must be provided to the school. The medication must be brought to the school in the original container that contains no more than a 24-hour recommended dosage. Non-prescription pain medication may include only: naproxen, ketoprofen, ibuprofen, aspirin and acetaminophen. **NOTE: Cold and allergy medications containing pseudoephedrine are excluded.**

A student, who has safely demonstrated skills necessary for using the non-prescription pain medication, will then be allowed to carry and self-administer medication once the student agreement is signed on the back of the form.

This form must be completed by the parent/guardian and returned to the Health Clerk. Orders must be renewed annually, at the beginning of each school year or whatever medication, dosage, or administration changes.

**TO BE COMPLETED BY PARENT/GUARDIAN**

I believe that \_\_\_\_\_ is capable of self-administering the following medications:

Medication	Dose	Frequency
I request self-administration of this medication for the treatment of _____		

\*Student is knowledgeable about the medication and how to administer it.

\*Student has the skills to safely possess and use the medication.

\*Student may self-administer the medication.

I hereby give permission for my child to self-administer medication. I give my medical provider and Spectrum High School permission to release and obtain information from each other as necessary. This authorization takes effect the day that I sign it. It expires one year from the date of my signature. I understand that I may change this authorization at any time.

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

\_\_\_\_\_  
Date

## **Self Administration of Non-Prescription pain relief Contract between student, parent, and Health Clerk**

Qualified students will be allowed to carry their own non-prescription pain relievers and use them according to label instructions, with written permission from parent/guardian. Spectrum High school can revoke this privilege if a student abuses it according to state law. Note: **Cold and allergy medications containing pseudoephedrine are excluded.**

**FOR SPECTRUM HEALTH CLERK PERSONNEL USE ONLY**

**For permission to carry non-prescription pain relief:**

1. Student has demonstrated to health service personnel correct use of pain medication
2. Student agrees never to share the medication with another person.
3. Student agrees that if there is not improvement, he/she will go to the Health Clerk office

Student name \_\_\_\_\_

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

School Health Clerk Signature \_\_\_\_\_ Date \_\_\_\_\_