

DICKINSON PUBLIC SCHOOLS
SELF ADMINISTERING MEDICATION CONSENT FORM (Grade 6-12)
(OVER-THE-COUNTER/NON-PRESCRIPTION MEDICATION)

FOR ANY OVER-THE-COUNTER MEDICATION THAT WILL BE SELF-ADMINISTERED ACCORDING TO PACKAGE DIRECTIONS.

Name of Student _____ D.O.B. _____
 Address _____ School _____
 Parent/Guardian's Name _____
 Phone- Home _____ Cell _____ Work _____
 Emergency Contact (other than parent) _____
 Phone- Home _____ Cell _____ Work _____

OVER-THE-COUNTER MEDICATION

Name of medication/treatment _____
 Dose _____
 Allergies _____
 Comments _____

Student Consent (Grade 6-12)

I acknowledge that I have read, understand and agree to comply with the School District's medication program policy. I also acknowledge and agree to comply with the District's drug and alcohol free schools policy, which contains restrictions related to medication, including rules prohibiting me from giving medication to other students.

Anytime I believe that I am having a reaction to my medication, I will report this information to my teacher or another school employee.

I agree that I will not leave the medication unattended or unsecured or accessible to other students.

Student's Signature

Date

Parent Consent

I authorize my child to self-administer the above medication while at school and relieve the school district and personnel of all responsibility. The student may carry one days supply of medication. I acknowledge that I have read, understand, and agree to comply with the School District's medication program policy. I certify medications I have authorized the school to provide to my child do not, to my knowledge, interact, and I certify that my child is not known to be allergic to them. I certify that the information included on this form is accurate to the best of my knowledge. I understand and hereby release Dickinson Public School District and its employees from any claims or liability connected with its reliance on this permission and agree to indemnify, defend, and hold them harmless from any claim or liability connected with such reliance.

Name of Parent/Guardian (please print)

Signature of Parent/Guardian

Date