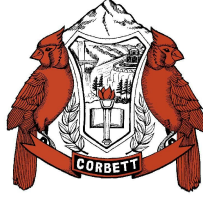


RANDY TRANI
 SUPERINTENDENT
 ROBIN LINDEEN-BLAKELEY
 DEPUTY CLERK
 DESIREE CHIU
 DIRECTOR OF STUDENT SERVICES



35800 E. HISTORIC COLUMBIA RIVER
 HIGHWAY
 CORBETT, OREGON 97019-9629
 ADMINISTRATION OFFICE: 503-695-3612
 GRADE SCHOOL: 503-695-3636
 MIDDLE/HIGH SCHOOL: 503-695-3600
 FAX 503-695-3641

CORBETT SCHOOL DISTRICT No. 39

AUTHORIZATION FOR SELF ADMINISTRATION OF MEDICATION FORM

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

1. A permission form must be submitted for all self-medication of all prescription and non-prescription medication
 - a. Self-administration of *prescription* medication requires permission from parent/guardian, school administrator, and physician. Physician consent is to be included on the prescription label or on the medication consent form.
 - b. Self-administration of *non-prescription* medication requires permission from parent and school administrator.
2. All prescription and non-prescription medication must be kept in its appropriately labeled, original container, as follows:
 - a. Prescription labels must specify the name of the student, name of medication, dosage, route, and frequency or time of administration and any other special instructions. Physicians consent for self-administration is to be on the label or on the medication consent form.
 - b. Non-prescription medication must have the student's name affixed to the original container.
3. **The student may have in his/her possession only the amount of medication needed for that school day.**
4. Sharing and/or borrowing of medication with another student is strictly prohibited.
5. Permission to self-medicate may be revoked if the student violates school district policy governing administration of non-injectable medication and/or these regulations.

I have read and agree to the above criteria and give permission for my child to carry the following medications:

Parent/Guardian Signature	Date
---------------------------	------

I agree to comply with the above criteria

Student Signature	Date
-------------------	------

This student may carry and self-administer this medication as prescribed.

School Nurse:	Date
Building Administrator:	Date