

MEDICATION SELF-ADMINISTRATION
PROTOCOL
GRADES K-12

YEAR: _____ STUDENT: _____ DOB: _____

SCHOOL: _____ SID#: _____ GRADE: _____

MEDICATION: _____ DOSE: _____

➤ Self-medication is allowed with signed parent permission and prescriber or District Nurse permission. **Students carrying bronchodilator inhalers or epinephrine auto injector must also have received instruction from a health care provider in the correct and responsible use of the medication.**

- Parent will bring medication to school and sign appropriate medication forms.
- Student will self-administer this medication only as needed.
- Student will not share this medication with another person.
- Student will carry only the amount of medication needed for one school day.
- Medication will be kept in its appropriately labeled, original container.
- Student will immediately inform teacher or office staff if he/she experiences any adverse effects from the medication. (Examples: nausea, vomiting, rash, difficulty breathing, dizziness, itching, etc.)
- Permission to self-medicate may be revoked if the student violates Hillsboro School District regulations and policies. (JHDC, JHCD-AR, JHDCA)
- Student may be subject to discipline, up to and including expulsion, if the above rules are violated.

❖ **The school district requests that the parent provide a back-up for bronchodilator inhalers or epinephrine auto injector, to be kept in the office, when the student is carrying these medications.**

❖ ***If you child attends a before- or after-school program on premises when the office is closed, the back-up medication will be unavailable. It is recommended that you provide an additional back-up epipen or inhaler to the individual program.***

❖ **HSD Allergic Reaction Guidelines will be followed and 911 will be notified to assess any student receiving epinephrine auto injector.**

➤ **I have read and agree to the above criteria and give permission for my child to carry and self-administer this medication.**

Parent/guardian Signature

Date

Prescriber/District Nurse Signature

Date