

St. Bernard Preparatory School
School Health Services

Self-Medication Agreement
****Boarding Students Only****

During non-school hours, students who are developmentally and/or behaviorally able will be allowed to self-administer prescription and non-prescription medication without the assistance of trained school personnel, subject to the following: **Exception:** Students will not be allowed to self-administer controlled substances. Controlled substances will be administered by trained school personnel.

1. A Medication Authorization form must be submitted for self-medication of all prescription and non-prescription medication.
2. A physician must sign giving permission for a student to self-administer prescription medications (except inhalers)
3. All prescription and nonprescription medication must be kept in its appropriately labeled, original container, as follows:
 - Prescription labels must specify the name of the student, name of the medication, dosage, route, and frequency or time of administration and any other special instructions.
 - Non-prescription medication must have the student's name affixed to the original container.
4. Sharing and/or borrowing of medication with another student are 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. Additionally, student may be subject to discipline, up to and including expulsion as appropriate.
6. **Please note:** The parent/guardian/student should request that the dispensing pharmacy supply an empty "school bottle" for prescription medications that are to be administered during school hours by the school nurse or other trained personnel.

I have read and agree to the above criteria and give permission for my child to keep his/her medication/s in his/her dorm room.

(Parent/guardian signature)

Date: _____

I agree to comply with the above criteria.

(Student signature)

Date: _____