

Contract for Student Self-Carry and Self-Administration of Medication

Student Name: _____ DOB: _____

Name of medication: _____

- Student has been instructed on the proper use of the medication.
- Student has demonstrated, to the school nurse, proper technique for medication administration.
- Student has demonstrated appropriate self-management skills.
- Student will maintain a written record of their medication administration at school (i.e., in school planner, notebook, etc.).
- Student agrees to follow instructions from licensed prescriber.
- Student agrees to follow all relevant school district policies.
- Student will not allow any other person access to their medication.
- Student agrees to keep the current supply of medication in (i.e., backpack, purse, etc.).
- Student will keep a spare supply of medication in [enter location].
- Student agrees to have medications refilled before they run out.
- Student agrees to check in with the school nurse.
 - Daily
 - Weekly
 - Monthly
 - Other: _____
- Student agrees to notify the school nurse for the following circumstances:
 - Student has an increase in symptoms.
 - Symptoms are not relieved by medication.
 - Student suspects they are having side effects from medication.
 - Other: _____

Student Name: _____ Date: _____

School Nurse Signature: _____ Date: _____