



**After School Hours/Out of District/Away  
Events Self-Administration Medication Form  
Secondary Students**

Date: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

NAME OF MEDICATION: \_\_\_\_\_

STRENGTH OF MEDICATION: \_\_\_\_\_

DOSE: \_\_\_\_\_ EVERY \_\_\_\_\_ HOURS  
*(number of tabs)* *(number of hours)*

TIME TO BE ADMINISTERED:

⊖ SPECIFIC TIME \_\_\_\_\_

⊖ AS NEEDED

REASON FOR MEDICATION ADMINISTRATION: \_\_\_\_\_

**I hereby authorize my child to self-administer the above medication. I have reviewed the Rockford Public Schools policy and realize any variation will be a violation of the Rockford Public Schools Medication Policy.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Expires one (1) year from approval date.**

Whenever possible, medication for students should be administered by parents at home. As a service to the family, the superintendent shall establish procedures for the administration of medication by school personnel in circumstances where such administration is deemed necessary for the student's well being by the student's parent/guardian or physician.

At no time shall school personnel be required to administer medications, when, in the administration's sole opinion, staff resources are not sufficient to provide such a service or the nature of the medication/dosage causes reservations.

School personnel shall at all times act within the limits of their training or professional medical license, and shall not diagnose, prescribe, or provide medication unless licensed to do so and with the proper written consent of the superintendent.

#### Student Self-Medication:

Subject to the approval of school administration, reliable middle and secondary school students may possess and self-administer prescription medications provided that prior written permission is provided to the school by the student's parent/guardian and by the student's physician.

Subject to the approval of school administration, reliable secondary school students may possess and self-administer non-prescription medications provided that prior written permission is provided to the school by the student's parent/guardian consistent with a physician's medical advice.

Teachers and other school personnel may assist any student showing signs of distress in the self-administration of their medication. Under such circumstances, school administration shall be notified immediately.

#### Administration of Medication:

At no time shall a student provide his/her prescriptions or non-prescription medication to another student. Students who violate this policy may be subject to discipline, and may be denied permission to possess medication on school premises.

The superintendent shall establish rules and procedures for implementing this policy.