



3. I have reviewed the Self-Carry and Self-Administration agreement with my student. I/we have taken responsibility for my student understanding this agreement. My student has signed the agreement in Section 3.

**Section 3: SELF-CARRY and SELF-ADMINISTRATION OF MEDICATION - STUDENT AGREEMENT**

Inhaler       Epipen       Over-The-Counter (OTC)       Other: \_\_\_\_\_

I agree to:

- Follow my prescribing health provider's medication orders.
- Use correct medication administration technique (correct time, correct route, correct dose).
- Not allow anyone else to use my medication.
- Keep my medication with me in school and on field trips.
- Notify the school nurse or school personnel if the following occurs:
  - a. My symptoms continue to get worse after taking the medication.
  - b. I suspect that I am having side effects from my medication.
  - c. If I have any symptoms of an allergic reaction.
  - d. If my medication is lost or stolen while at school or a school related activity.

---

Student Signature

Date

**Section 4: PARENT/GUARDIAN AUTHORIZATION FOR ADMINISTRATION BY STAFF**

I request that the aforementioned medications, or those checked below, be given to my student during school hours.

1. I will immediately notify the school of any change in the medication or physician's order, dosage change, frequency, or duration of administration.
2. I give permission for the School Nurse to consult with this student's physician concerning any questions that arise with regard to the listed medication, medical condition, or side effects of this medication.
3. The school intends to use the requested information to provide for your child's health and safety needs while at school. *You may refuse to supply the requested personal information/consent to exchange information and this will not impact administration of medication to your child per the physician's order.* This may result in an incomplete health and safety plan for your child. The information you provide will only be shared with staff in the school whose jobs require access to this information to ensure your child's safety and school success.
4. For administration of prescription and/or over-the-counter medications:
  - a. Parent has provided a signed and dated authorization/electronic authorization to administer medication or provide health service.
  - b. Medication is in original, labeled container as dispensed or manufacturer's labeled container and will be stored in the nurse's office.
  - c. Student requests the medication as needed.
  - d. Authorization is renewed annually and when the parent notifies the school that changes are necessary.
  - e. **Any unused medication left at the end of the school year will be properly disposed of** (in accordance with 79 Fed. Reg. 53520, 53546) if prior arrangements are not made by the parent:  
 **I will pick up or**     **Please dispose**

Over the counter medications that can be administered to students by authorized school personnel on an as needed basis and with parental permission:

- Tylenol (acetaminophen)
- Ibuprofen
- Cough drops
- Antacids (TUMs)
- Benadryl

Topical:

- Anti-itch/anti-inflammatory (i.e. hydrocortisone, Calagel, Benadryl cream, etc.)
- Antibiotic ointment (i.e. Bacitracin, Neosporin)

---

Parent/Guardian signature

Date

Approved

Grinnell-Newburg School District, Grinnell, IA