**Rowan-Salisbury School System**

**Parent Permission Form for**

**Self-Administration of Over-The-Counter Medications**

**(Middle and High School Students Only)**

**Middle and High school students** may self-carry and administer over-the-counter medication per the following guidelines. Students in elementary school are not permitted to self-carry over-the-counter medications.

A. The student must have a parent permission form completed and on file at school.

B. The medication must be in the original container with the manufacturer’s recommendation for administration and the student’s name clearly written on the container.

C. The student can carry a one-day supply of the medication. For example, the dosage recommendation by the manufacturer states “take two tablets every four hours.” The student is on school grounds for 8 hours. The student may carry 4 tablets.

D. The student is not allowed to share the medication with other students.

E. Students cannot self-carry and self-administer over-the-counter medication that is kept behind the pharmacy counter and requires an adult signature before buying (i.e. Sudafed or any brand containing pseudoephedrine, some cough elixirs, etc.).

The Rowan Salisbury School System is not responsible for any student who self medicates.

Students in possession of over-the-counter medication outside these guidelines will be disciplined according to the RSS drug policy.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cannot exceed manufacturer’s recommended dose)

Time to be given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I have read the above and agree to the terms in which the named student may self- administer the over-the-counter medication.**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

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

**8/2015**