**PERMISSION FOR SELF-CARRY NON-PRESCRIPTION MEDICATION**

Roanoke City Student Health **A separate form is required for each medication**

Student Name: Date of Birth:

School: Grade: School Year:

Teacher/Team/Hall: Student ID#:

Medication: For the treatment of:

Dosage: Route:

Administration Time: : A.M. : P.M.

PRN (For OTC/PRN Prescriptions Only)

(Medication to be given within 30 minutes of time scheduled)

**Duration: Order will be valid for the above named school year including summer school unless otherwise specified.**

Possible side effects/special instructions or precautions:

I hereby request that my child (i.e., the student named above) be allowed to carry and self-administer the above medication while in school and also when away from school for official activities. I understand that the student will not be allowed to self-carry the medication until the completed parental permission forms are on file with the school. I understand and agree the School Board, and their officers, agents, and employees are not responsible for any effects of the medication administered.

My child understands that sharing, borrowing, distributing, manufacturing or selling any medication is prohibited. Permission to self-administer nonprescription medication may be revoked if the student violates this policy and the student may be subject to disciplinary action in accordance with the Standard of Student Conduct.

I understand that I must promptly provide the school with written notification of any changes in my child’s condition, medication(s), or dosage. I further understand that the student and parent are responsible for ensuring the medication referenced above safely arrives at school and for getting refills of the medication as needed. I also understand that it is my responsibility to have first safely administered this medication in order to observe my child for adverse side effects and that it is my responsibility to notify the school of any such potential side effects.

I hereby give my permission for (Student Name) to take the above medication at school as ordered. I understand that it is my responsibility to furnish this medication. I understand that this permission form is valid for only one school year and that a new form must be completed at the beginning of each school year.

*Date Signature of Parent or Guardian* ***{*required for non-prescription medication}**

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*Parent/Guardian Address 1st Phone Number to Call 2nd Phone Number to Call*

**NOTE**: Only non-prescription medication are to be brought in by the student. Non-prescription medication must be in the original container labeled with the child’s name, dosage and time to be given. The student may only bring to school the amount of nonprescription medication needed for one school day/activity. This permission is for High School students ONLY.

**Revised 02/2016**