

Liberty Tech Charter School
Contract for Self-Carried Medication

Student: _____ Grade _____

Physician: _____ Telephone _____

Medication _____ Dose _____ Time _____

Medication is permitted in accord with district policy. Student's physician must authorize self-carried/administered medication. Student name must appear on the (inhaler, container).

Responsibilities for Carrying Medication

Observed

Yes No

- _____ Health care action plan complete
- _____ Demonstrated correct use/administration
- _____ Recognizes proper and prescribed timing for medication
- _____ Does not share medication with others
- _____ Keeps medication in agreed location
- _____ Agrees to come directly to the Health Office if having the following symptoms after using medication:

- _____ Keeps a second labeled container in the Health Office.

The student does/does not demonstrate the specified responsibilities. The student may carry the medication unless and until he/she fails to follow the above agreement.

Comments and added responsibilities:

(Student/date)

(School Health Specialist/date)

I request that my child be allowed to carry his/her medication and be responsible for its proper storage and use. I will support my child to follow the above agreement and if s/he does not, I will be contacted and we will develop a new plan.

(Parent/guardian and date)

(Parent daytime telephone numbers)