

Permission to Self-Carry Medication

Secondary students may carry over the counter medications (Tylenol, Ibuprofen, Midol, etc.) and some prescription medications (ex. Antibiotics, Steroids.) In order to do so, they must:

- Keep the medication in the original, small container.
- Carry a written note from the parent/guardian naming the medication(s) and instruction for its use. The note should include: date, parent/guardian signature and phone number. You may use the permission form below.
- **NOT SHARE MEDICATION(S) with anyone!**

In order to carry **INHALERS, EPI-PENS and DIABETIC SUPPLIES**, you must submit an *Emergency Medication Self-Carry Agreement* completed by the parent/guardian and doctor. These forms are available from your school nurse and on the Lake Dallas ISD Health Services website.

Students may NOT carry controlled substances at any time. All controlled substances, including behavior modification drugs, **must be kept and administered by the school nurse.** If your child requires this medication at school, please contact your nurse for the appropriate forms.



Cut on line and give form below to student. Student must be able to present form on request by school administration.

Medication Self Carry Permission Form

Date _____

I, _____ (parent/guardian) give permission for
_____ (student) to carry and take
_____ (medication name). S/he may take _____ (quantity)
every ___ hours, for the following symptoms _____.

Start date _____ End date _____

Please list all other medications s/he currently takes _____.

I have discussed the following with my student:

- Why, when and how to take this medication.
- The side effects of this medication.
- The district's medication policy on NOT SHARING MEDICATION WITH OTHERS.

Parent/Guardian Signature

Day Contact Phone Number

