

Wesleyan Education Center

STUDENT CONTRACT FOR SELF-CARRIED MEDICATION/EQUIPMENT

STUDENT NAME _____ GRADE _____

PARENT/GUARDIAN _____ PHONE _____

HEALTH CARE PROVIDER _____ PHONE _____

MEDICATION _____

EQUIPMENT _____

Self-carried **emergency** medication/equipment (inhalers, epinephrine) is permitted in accordance with Wesleyan Education Center policy for students in grade five and above. The school nurse may approve other self-carried medications in special circumstances. Both the student’s health care provider and parent/guardian must complete and sign the “Authorization for Medication Administration” form. Prescription medication must be provided in a pharmacy labeled container with the student’s name, prescriber’s name, name of drug, dosage and directions.

Student Responsibilities

1. I will keep my medication/equipment with me at all times in (location)_____.
2. I agree to use my equipment and take my medication in a responsible manner, in accordance with my health care provider’s instructions.
3. I will notify my teacher, the school nurse or office personnel if I am having more difficulty than usual with my health condition so that my parents can be notified and emergency assistance can be obtained if necessary.
4. I will not allow any other person to take my medications or use my equipment.
5. I understand that the school will not be responsible for the medication/equipment that I keep with me. Wesleyan Education Center, its directors, staff and faculty shall not be liable for any accident or injury that may result from or related to self-administration of this medication/equipment.
6. The condition and use of the medication/equipment is my responsibility.
7. It is responsibility of my parent/guardian to notify the school of any changes in my health status or in the use of the medication or equipment listed above.

Student signature _____ **Date** _____

Parent signature _____ **Date** _____

The above named student may keep the medication or equipment with him/her at all times. He/she has been instructed in the purpose, administration and side-effects of the medication/equipment. This student shows capability to carry and self-administer the above medication.

Health care provider signature _____ **Date** _____

We accept the parent request and health care provider statement. We will permit and assist the student to be responsible, but reserve the right to withdraw the privilege if the student shows signs of irresponsible behavior or there is a safety risk. We will contact the parent as soon as possible in this event.

School nurse signature _____ **Date** _____