



EAST CHINA SCHOOL DISTRICT  
CONDITIONS OF APPROVAL

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Parents/Guardians have the overall responsibility to ensure that the student medication is properly delivered and administered. The parents/guardians are expected to:

1. Annually complete, verify accuracy, and submit to the school office the *Request to Administer Medication* form with the medication.
2. All medication must be in the original container, clearly labeled indicating student name, name of medication, dosage, time to be administered, and route of administration.
3. Ensure adequate medication is available and current. This includes monitoring expiration dates, obtaining medication renewals and refills, and splitting any pills so the prescribed dosage is available for administration.
4. Inform the office in writing of any change in the student's health affecting the administration of medication and/or any changes in the medication or the administration thereof, including the termination or discontinuance of the medication.
5. Unless authorization for self-possession/self-administration or other arrangements have been pre-approved by the principal, deliver student medication to the office, and pick up any expired medication or medication unused at the end of the school year. Any expired medication or medication left at the end of the school year will be discarded. \*The student may personally deliver the medication only if he/she is 18 years of age or older. He/she provides advance notification to the office that he/she will be bringing medication to school, and delivers the medication to the office immediately upon arrival to school with the medication.
6. Assist in the development of a self-possession/self-administration plan with the school principal, as appropriate.

\* Students who are 18 years of age or older or an emancipated minor have the responsibility of the parents/guardians under this Conditions of Approval.

**EAST CHINA SCHOOL DISTRICT  
REQUEST FOR SELF-POSSESSION/SELF-ADMINISTRATION OF MEDICATION**

**Special conditions for self-possession/self-administration:**

1. The student shall only be allowed to self-possess/self-administer medication as approved by the school principal/designee. The student's parent/guardian shall meet with the school principal or designee to provide and review the instructions of the student's physician and to develop a plan for administration and general supervision of the student's self-possession/self-administration of the medication.
2. The student's parent/guardian shall provide the school with a *Request to Administer Medication* form completed by his/her physician with name of medication, dosage, time to be administered, and route of administration.
3. The student is responsible for the physical possession of the medication. The medication must be maintained at all times, except during proper administration, in the original container labeled with the prescribing physician by the pharmacy.
4. The student shall not convey, transfer or otherwise distribute the medication to other students.
5. The school does not monitor or maintain administration records for the self-possession/self-administration of medication. The parent/guardian/student is expected to follow and monitor the appropriate administration regimen.
6. The school principal or designee may revoke the approval to self-possess or self-administer medication at any time, upon providing advance notification to the student's parent/guardian. Any such revocation for a student who has a Section 504 Plan or an IEP shall be done in compliance with Section 504 of the Rehabilitation Act and the Individuals with Disabilities Education Act (IDEA).

**Possible Discipline:**

Possessing or taking medication in school without approval; sharing medication with, or distributing medication to another student; or failure to follow these rules and procedures will result in disciplinary action up to, and including, expulsion from school.

I, the undersigned parent/guardian of \_\_\_\_\_, hereby request the East China School District to permit the above indicated student to self-possess/self-administer medication in the school setting. I have reviewed the above conditions and understand that permission to self-possess/self-administer medication can be revoked by the school principal. I further understand that the District does not monitor or keep logs on the self-administration of student medication. I agree to abide by these conditions and to fulfill my obligations and responsibilities.

The *Request to Administer Medication* form has been accurately completed and filed with the school office.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name (Print): \_\_\_\_\_

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**Office Use Only**

Date Received: \_\_\_\_\_

Approved       Not Approved       Approved with the following guidelines:

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Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_