# Health Requirements and Services: Student Use of Non-Prescription Medications

## Student Use of Non-Prescription Medications

If the following requirements are satisfied, a student in grades 7 through 12 may carry and self-administer an over-the-counter (non-prescription) medication at school during school hours or during school activities after school.

1. The student's parent has provided written consent to the school for the student to use over-the-counter medications and has not revoked the consent;
2. The medication is kept in the original container and is clearly labeled with the student's name;
3. The student uses the medication according to the directions for use and the parental consent; and
4. The medication is kept in the student's possession or in a location not readily accessible to other students (such as a locker or a personal backpack or bag).

Administration of medication to students by school staff is permitted only as described in Policy FDAC, Policy FDACB, Policy FDACC, Policy FDACD, and Policy FDACF. Student self-administration of prescription medication is permitted only as described in Policy FDACB, Policy FDACC, and Policy FDACD. As provided in Policy FDACF, students are permitted to possess and self-administer topical sunscreen whether it is prescription or non-prescription.

## Sharing Medication is Prohibited

No student is permitted to sell, share, or otherwise give to others (students or staff) any medication, prescription or non-prescription. Violations of this restriction are subject to disciplinary action.

# Parent and Student Consent and Authorization for Student Use of Non-Prescription Medications at School

## Parent Consent and Authorization

I, _____, am the parent or legal guardian of _____ and by signing below, consent to and authorize my student to carry and use over-the-counter (non-prescription) medications at school or during school activities. I acknowledge that I am responsible for ensuring that my student is familiar with the directions for use of any over-the-counter medications used at school and that my student is not permitted to share medications with anyone else.

I acknowledge and agree that this consent and authorization will remain in effect unless and until I revoke it by giving written notice to the school, which I can do at any time. I acknowledge and agree that while this consent and authorization is in effect, the school will permit my student to carry and use over-the-counter medications.

I release Kane School District and its employees and officers from all liability for any adverse results which may occur from my student's use of non-prescription medication under this authorization.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.
Signed on the ____ day of _____, _____ at _____
(Day) (Month) (Year) (City or other location and state or country)

Printed Name_____
Signature_____

## Student Agreement and Acknowledgement

By signing below, I acknowledge that my parent or legal guardian has consented to and authorized me to carry and use over-the-counter (non-prescription) medications at school or at school activities. I acknowledge and agree that I am not allowed to share medications with anyone and that I will use the medications according to the directions for use. I will keep medications in the original container labeled with my name and will keep medications in my possession or in a location not readily accessible to other students (such as a locker or a personal backpack or bag).

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.
Signed on the ____ day of _____, _____ at _____
(Day) (Month) (Year) (City or other location and state or country)
Printed Name_____
Signature_____