

Hood River County Health Department  
1109 June Street  
Hood River, OR 97031  
phone(541)386-1115



Hood River County School District  
1011 Eugene Street  
Hood River, OR 97031  
Phone (541) 386-2511

Serving the Students of Hood River County

**AUTHORIZATION FOR MEDICATION ADMINISTRATION BY SCHOOL STAFF AND SELF MEDICATION AGREEMENT**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_  
School \_\_\_\_\_

I am giving school personnel permission to administer medications to my child per the following:

Medication: \_\_\_\_\_ [ ] Non prescription

Dose: (how much) \_\_\_\_\_ [ ] Prescription RX Number

Administer by: mouth ear eye nose skin

How often: \_\_\_\_\_ [ ] Student is in possession of his/her asthma inhaler  
Time: \_\_\_\_\_ (Must have doctor's consent for self medication and  
must be able to demonstrate the ability to administer  
medication to self)

Duration: Start date: \_\_\_\_\_ through End date: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

I understand I am responsible to provide this medication and maintain the supply as needed. I understand I am responsible to notify the school in writing of any changes. Parents/guardians are required to pick up all unused medication by the last day of school. All medications left at the school at the end of the school year will be discarded. A form is needed for EACH medication provided.

**ALL MEDICATION MUST BE IN ITS NEWEST ORIGINAL CONTAINER WITH AN ACCURATE LABEL.**

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

Physician's Signature\* \_\_\_\_\_ Date \_\_\_\_\_

\*(necessary only for self administration agreement)

Physician Name (Printed) \_\_\_\_\_

**Self Administration Agreement**

**only for administration of select medications such as inhalers, epipens and insulin.**

Student Signature for self administration: I understand how to use the medication the doctor has prescribed, and I will not share this medication with anyone. \_\_\_\_\_

Signature of school personnel reviewing the self medication agreement. \_\_\_\_\_