

CAPITAL CHRISTIAN SCHOOL

9470 Micron Avenue Sacramento, CA 95827
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MEDICATION SELF-ADMINISTRATION CONTRACT
For Middle and High School Students Only

Student: _____ Grade: _____ School: _____

CCS recognizes that the health needs of the above named student may require the use of certain unscheduled rescue medications (i.e. insulin, epinephrine, inhalers). In order to accommodate that need, CCS will allow the MHS student to self-administer the necessary medication upon request by the student, parent, and physician provided that the student has demonstrated the ability to carry and use the medication in a responsible, appropriate and safe manner. The medication must be labeled and in the original container with a back-up supply in the school health office. This contract must be renewed annually or when there is a change in the medication, dose or time given. ***This contract must accompany a CCS "Release for the Administration of Student Medication" form and be on file in the school health office.***

Medical condition: _____

Medication _____ Dose _____ Route _____ Frequency _____

STUDENT, PARENT AND PHYSICIAN CONTRACT

1. Student has demonstrated to the physician and parent/guardian correct use of the medication.
2. Student agrees never to share the medication with another person.
3. Student agrees to go to the school health office immediately if there is not marked improvement after taking the medication. ***NOTE: If the medication is for severe allergic reactions, the student will seek additional medical attention immediately following administration.***
4. We the parents of the above mentioned student, agree to assume all responsibility and liability for the above mentioned medication when it is brought on campus by the student.

Student signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Physician signature: _____ Date: _____

Reviewed by: _____ Date: _____
ADMINISTRATOR

_____ Date: _____
OTHER

