

Contract For Students Keeping Medication With Them While At School

I plan to keep my medications listed here with me at school (or school sponsored events) rather than in the school health office or with school medication staff.

- I agree to use my medications in a responsible manner, in accordance with my physician's orders.
- I will notify the school medication staff if I use my medications.
- I will not allow any other person to use my medications.

Student Printed Name: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Principal Signature: _____ Date: _____

School Nurse
Signature _____ Date: _____