

CONTRACT FOR STUDENTS KEEPING MEDICATIONS WITH THEM WHILE AT SCHOOL
Health Services Department
Lincoln Public Schools

MEDICATION: _____ .

Student Name: _____ ID#: _____

Note: This contract is only effective during the current school year or until rescinded by any party, whichever occurs first.

By signing below, the student and his/her parent or guardian agree to the following:

The student will keep his/her _____ with them while at school.

In addition, the student and parents/guardians are aware that a second "back up" supply of _____ to keep in the health office is strongly recommended.

The student agrees to use his/her _____ in a responsible manner, in accordance with physician instructions and label directions.

The student agrees to notify the school health office when experiencing any difficulty, including but not limited to:

- _____
- _____
- _____

The student agrees to never let another person use or handle the medication, except as needed for the purpose intended for the person intended.

Student's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Physician Approval: _____ Date: _____

School Nurse Approval: _____ Date: _____

Principal/Teacher Notification: _____ Date: _____

_____ Date: _____