

## SCHOOL DISTRICT OF LODI

**District Office  
Transitional Students**  
115 School Street  
608-592-3851  
Fax: 608-592-3852

**High School**  
1100 Sauk Street  
608-592-3853  
Fax: 608-592-1045

**Middle School**  
900 Sauk Street  
608-592-3854  
Fax: 608-592-1035

### Permission to self-carry non-prescription/over-the-counter medications.

**Student Name:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Students at Lodi Middle School, Lodi High School, and Transitional Students may carry and self-administer nonprescription/over-the-counter medications only if appropriate forms are on file in the school office.

- If the Non-prescription/over-the-counter medication form and permission to self-carry form are not on file and they are found to have medication, the privilege to carry medications will not be granted for the remainder of the year. They will instead need to go to the office to take all medications.
- They may not share their medication with any other student. If the student shares their medication with anyone the privilege to carry medication will be revoked for the remainder of the year.

Medication	Dose	Route	Time to be administered	Reason
1.				
2.				

I agree to carry only a travel size (less than 50 Tabs) of a non-prescription medication in its original labeled bottle and to take it only as prescribed. I will not share my medication with anyone and I understand that if I do that I will lose my privilege to carry my own over-the-counter medication.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I agree that my student is capable of carrying and self-administering the above listed nonprescription/over-the-counter medication in a safe manner. I have read and understand the requirements for my student to have this privilege in the Medication Policy. I will notify the school of any changes or stopping of this medication self-administration at school.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_