

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 then the privilege to carry medications will be revoked. 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: _____