



Cole Valley Christian Schools
200 E. Carlton Ave
Meridian, ID 83642
208-947-1212
www.colevalleychristian.org
www.discovercolevalley.com

Contract for Self-Carried Medication

Student: _____ Grade: _____

Physician: _____ Medication: _____

The student's name must be on the medication (inhaler, container, etc.)

Responsibilities for Carrying Medication:

Observed

Yes No

___ ___ Health care action plan complete

___ ___ Demonstrated correct use/administration

___ ___ Recognizes proper and prescribed timing for medication

___ ___ Does not share medication with others

___ ___ Keeps medication in agreed location _____

___ ___ Agrees to come directly to Health Office if having the following symptoms after
using medication: _____

___ ___ Keeps a second labeled container in the Health Office

The student does/does not demonstrate the specified responsibilities. The student may carry the medication unless and until he/she fails to follow the above agreement.

Comments and added responsibilities:

(Student/date)

(School Nurse/date)

I request that my child be allowed to carry his/her medication and be responsible for its proper storage and use. I will support my child to follow the above agreement and if he/she does not, I will be contacted, and we will develop a new plan.

(Parent or Guardian/date)

(Telephone Number)