St. Joseph High School
Prescription Drug Self-Medication Authorization Form

Dear Parent/Guardian:

Any student required to self-administer prescription drugs during the course of the school day must notify the High School. Information will be saved on a confidential database identifying the medication, the amount of medication a student should have in their possession, and the time the student should be self-administering.

It is expected that the student will only have in their possession the amount of prescription medication prescribed for administration during the course of the school day.

This information should be updated every school year.

________________________________________________________________________

Name of Student: ______________________________________________________

<table>
<thead>
<tr>
<th>Prescription Medication</th>
<th>Amount in Possession</th>
<th>Time of Self-Medication</th>
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<tbody>
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Parent/Guardian Signature: ________________________________

Student Signature: _______________________________________

Date: ________________

PLEASE RETURN THIS FORM TO THE HIGH SCHOOL ATTENDANCE OFFICE