

ORS-191 ES (Exemption)

Reason medication policy exemption is requested: _____

Exemption authorized by: _____

Date: _____

STUDENT-PARENT AGREEMENT

- 1) The student acknowledges that staff may from time to time confront students who are found to be carrying medication or in the process of taking medication. If confronted the student agrees to identify his or herself appropriately and explain to the staff member that they are on the exemption list. In some cases, the staff member may want to confirm the student is on the exemption list. The student agrees to follow, without argument, staff directives while the staff member confirms that you are indeed on the exemption list.
- 2) The student agrees not to dispense (share) their prescription or non-prescription medication with any other student while on school property, or at a school related activity.
- 3) The student will ensure that their medication is secure from others at all times.

The student and parent acknowledge that violation of any one of these rules will result in a suspension. The duration of the suspension will depend on the violation and may range from 10 days to 1 calendar year (Example: sharing an aspirin may range from 1-10 days, sharing ritalin will result in a 1 year expulsion).

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____