

AUTHORIZATION AND AGREEMENT FOR SELF- ADMINISTRATION OF MEDICATION AT SCHOOL

Name of student:	Date of Birth:	Grade:	School:
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Medication: _____ Dose: _____ Frequency: _____

Prescription (**physician permission needed**) Non-Prescription

In order for your child to carry a self-administered medication on his/her person, the following must be understood and agreed upon by the student and parents:

The student may use the prescribed self-administered medication as needed and directed by his/her physician. The medication must be properly labeled with the student's name, name of the medication, dosage, route and frequency of administration and any other special instruction including student permission to self medicate. ***The authorization must be signed and placed on file at the school prior to your child carrying a self-administered medication at school.***

Inhaler: No direct monitoring will be conducted by the school staff. The student is responsible for self-administration of the inhaler. If the student continues having difficulty breathing, he/she should report to the office and the parents will be notified by the appropriate school staff.

Self-administered emergency epinephrine: No direct monitoring will be conducted by the school staff. The student is responsible for notifying school staff in the event he/she had the need to self-administer the emergency medication.

- It is the parents' responsibility to immediately notify the school if the child's health status changes, or when a change in physician and/or medication occurs. Changes in procedure must be received in writing from the physician authorizing treatment. **This agreement must be renewed at the beginning of each school year or whenever there is a change in medication.**
- The district is not responsible for any risk involved with improper handling of this medication including overuse, improper administration, breakage, theft, loss, sharing, playing with or careless storage of the medication.
- **Permission to self-medicate may be revoked** if the student violates the school district policy governing Administering Noninjectable Medicines to Students and/or these regulations. Additionally, students may be subject to discipline, up to and including expulsion, as appropriate.

To be completed by the physician: The above named student has been instructed in the proper use of their asthma inhaler or medication. The child's well-being is in jeopardy unless this medication is carried on his/her person. Therefore, I request that he/she be permitted to carry the medication at school. He/she is capable to self-administering the medication, understands the purpose, appropriate method, and frequency of use of the medication/inhaler.

PHYSICIAN'S SIGNATURE: _____ **DATE:** _____

PRINTED/TYPED NAME OF PHYSICIAN _____

To be completed by the parent/guardian: I permit my child to carry the above listed asthma inhaler or medication as ordered by his/her doctor. I also specifically release the school district and all school personnel from any and all civil liability if my child suffers an adverse reaction as a result of self-administering medication during school hours

PARENT /GUARDIAN SIGNATURE: _____ **DATE:** _____

To be completed by the student: I agree to take my medication as instructed by my doctor. I understand that using my medication in a manner other than directed by my doctor (ex sharing with other students) can result in disciplinary action by my School/District.

STUDENT SIGNATURE: _____ **DATE:** _____

Reviewed by Principal _____ Reviewed by School Nurse _____
Signature and date Signature and date