Exhibit – Authorization for Student Self-Medication Form[1]

(Required if student has authorization to self-administer asthma medication and/or an Epinephrine Auto-Injector)

School Year: _____

Student's Name: _____ Birth Date: _____

School: _____

Physician, Physician Assistant or Advanced Practice RN Authorization

I certify that this student has been instructed in the use and self-administration of their emergency asthma medication and/or Epinephrine auto-injector (or EpiPen®). He/she understands the need for the medication and the necessity to report to school personnel any utilization of the medication and/or any unusual side effects. He/she has been given instructions and is capable of using this medication independently.

1. Will this student self carry medication?
_____ Yes _____ No

2. Will a second set of medication be kept in the health office at school?
_____ Yes _____ No

_____ _____
Prescriber's Signature Date Signed

_____ _____
Prescriber's Emergency Phone Number Prescriber's Address

Parent Authorization

I authorize my son/daughter, to self administer the above-referenced medication at school, school-sponsored activities, while under the supervision of school personnel, and before/after normal school activities such as before/after school care on school operated property. (We recommend that you provide an additional dose of the medication to be kept at school in the event that your child forgets or loses his/her medication.)

Parent Signature: _____ Date: _____

_____

Student Authorization

I agree to:

• Demonstrate correct use of the inhaler or Epinephrine auto-injector using a trainer/demonstrator to the designated school personnel.
• Never share the inhaler or Epinephrine auto-injector with another person.
• Notify a teacher or other responsible adult if there is not marked improvement in my breathing within several minutes after two puffs of the inhaler.
• Immediately notify a teacher or another responsible adult if I use my Epinephrine auto-injector.

Student Signature: _____ Date:_____

Cross-References:
MASB 2780 *Administration of Medication by School Personnel*
MASB 8670 *Administration of Medication by School Personnel*
NEOLA 5330 *Use of Medication*
MCL 380.1178
MCL 380.1179