



Authorization for Self Carry/Administration of Medication at School and After School Activities

The Board of Education permits a responsible, trained student to carry and/or self administer medication for asthma, severe allergic (anaphylactic) reaction, or diabetes on his/her person for immediate use in a life threatening situation with written order of physician, parent request, campus nurse, and principal approvals.

PHYSICIAN/PRESCRIBING HEALTH CARE PROVIDER

Name of Student _____ Date of Birth _____

Address _____ Grade _____

Reason for Medication _____

Medication _____ Dose _____ Route _____

Time or Indication for Administration _____

Is this a controlled medication (circle one) YES NO

Side Effects to be noted/reported _____

Other Instructions _____

Duration of administration: From _____ to _____ (limit of one school year)

In my professional opinion, this student shows capability to carry and self-administer the above medication as prescribed.

PHYSICIAN SIGNATURE PRINTED NAME PHONE DATE

PARENT/GUARDIAN AUTHORIZATION

I request that my child, named above, be permitted to carry and self administer the above ordered medication. I take responsibility for this permission. I understand that the medication must be in the original pharmacy container, labeled with the student name, prescribing healthcare provider and medication information including: date of original prescription, strength and dose of medication, and directions for use. I recognize that it is my responsibility to ensure that the medication is not expired and is also maintained according to package instructions.

Parent Signature Date Student Signature Date

Parent Phone Number

We accept the parent request and physician statement. We will permit and assist the student to be responsible, but reserve the right to withdraw the privilege if the student shows signs of irresponsible behavior or there is a safety risk. We will contact the parent as soon as possible in this event.

School Nurse Signature/Date Principal Signature/Date