



Authorization to Self Administer Medications

Student Name: _____ DOB: _____ Grade: _____

Any student who is required to take prescribed medication during the regular school day or at a school sponsored activity must comply with the following regulations:

1. Medication may be given by the school nurse, or the designee, upon written orders from a physician and upon written request of a student's parent or guardian. The physician's order must detail the name of the drug, dosage, time, interval the medication is to be taken, diagnosis and reason necessary.
2. Medication must be brought to school in a container labeled by the pharmacy or physician, and it will be stored in a secured, locked area in the nurse's office.
3. Students with **life threatening allergies** or with **Asthma** are permitted to carry and self-administer emergency medications at school, on school grounds, at school-sponsored activities, on school provided transportation and during school related programs. Each year, the student and/or parent must provide written documentation from a physician affirming the need for such emergency medication and that the student is capable of self-administration of the medication. The student's parent or guardian will need to sign a statement releasing the school from liability as a result of any injury arising from the student's self-administration of the emergency medications.

This student is capable of, and has been instructed by the physician in, the proper method of self-administration of this medication. He/she has been advised of possible side effects of the medication and has been informed of when and how to access emergency services.

Self-administration of this medication can only occur with permission of both the physician and the parents, signified by both signatures below.

The school and its employees and agents, including volunteers are hereby released from liability as a result of any injury arising from the student's self-administration of the emergency medication, except when the conduct of the school, school employees, or agent would constitute gross negligence, recklessness, or intentional misconduct.

Parent/Guardian Signature

Date

Registered Nurse Signature

Date

Authorization to Self Administer Emergency Medications

Student Name: _____ Date of Birth: _____

Medication: _____

Dosage: _____ Route: _____

Start Date for Medication: _____ End Date: _____

Special Instructions:

Physician Name: _____ Physician Phone: _____