

4.35- MEDICATION SELF-ADMINISTRATION CONSENT FORM

Student's Name (Please Print): _____

This form is good for the school year 2022-2023. This consent form must be updated anytime the student's medication order changes and renewed each year and/or anytime a student changes schools.

The following must be provided for the student to be eligible to self-administer rescue inhalers and/or auto-injectable epinephrine. Eligibility is **only** valid for this school for the current academic year.

- A written statement from a licensed health-care provider who has prescriptive privileges that he/she has prescribed the rescue inhaler and/or auto-injectable epinephrine for the student and that the student needs to carry the medication on his/her person due to a medical condition;
- The specific medication prescribed for the student;
- An individualized health care plan developed by the prescribing health-care provider containing the treatment plan for managing asthma and/to anaphylaxis episodes of the student and for medication use by the student during school hours; and
- A statement from the prescribing health-care provider that the student possesses the skill and responsibility necessary to use and administer the asthma inhaler and/or auto-injectable epinephrine.

If the school nurse is available, the student shall demonstrate his/her skill level in using the rescue inhalers and/or auto-injectable epinephrine to the nurse.

Rescue inhalers and/or auto-injectable epinephrine for a student's self-administration shall be supplied by the student's parent or guardian and be in the original container properly labeled with the student's name, the ordering provider's name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose for the medication, its possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings.

Students who self-carry a rescue inhaler or an epinephrine auto-injector shall also provide the school nurse with a rescue inhaler or an epinephrine auto-injector to be used in emergency.

I understand this form authorizes my student to possess and use the medication(s) included on this form while on school grounds and at school sponsored events but that distribution of the medication(s) included on this form to other students may lead to disciplinary action against my student.

My signature below is an acknowledgment that I understand that the District, its Board of Directors, and its employees shall be immune from civil liability for injury resulting from the self-administration of medications by the student named above.

Parent/Guardian Signature _____ **Date** _____

Relates to Board Policy 4.35 Handbook page 118

Last Revised: June 2019