

Medication Self Administration By Student Form

Student's Name: _____

Medication:

Asthma Inhaler

Epinephrine Auto Injector

I request that my child be permitted to carry his/her inhaler and/or epinephrine auto injector, on his/her person in school or to keep the inhaler in his/her locker(s). My child has been instructed in its use and is considered by my child's health care provider and by me to be responsible for its care and use.

I further understand that this medication may not be shared with another student and that such an act is a violation of the school district's policies.

Prescription medications are routinely required to be registered and kept in the possession of the school nurse. I am requesting an exception to this policy and absolve the school of responsibility for any misuse of this medication by my child.

Parent Signature: _____ Date: _____

Healthcare Provider Signature: _____ Date: _____

I acknowledge that I have received instruction from the my licensed health care provider on proper safety precautions for the handling and disposal of the asthma inhaler and/or epinephrine auto-injector, including acknowledgement that the I will not allow other students to have access to the prescribed medication and that I understand appropriate safeguards.

I acknowledge that I am responsible for notifying the school nurse immediately following each use of an asthma inhaler or epinephrine auto-injector when at school and if off-campus at a school sponsored activity, the supervising school employee (principal, teacher).

Student Signature: _____ Date: _____

This student has demonstrated that s/he is capable of self-administration of the asthma inhaler and/or epinephrine auto-injector in the school setting.

School Nurse Signature: _____ Date: _____