

SAYDEL COMMUNITY SCHOOL DISTRICT

AUTHORIZATION AND PERMISSION FOR ADMINISTRATION OF MEDICATION

Student's Name _____ Date of Birth _____ School _____ Date _____

School medications and health care services are administered following these guidelines:

- Parent signed, dated authorization to administer the medication.
• Parent/guardian provides a written statement from the student's licensed health care professional...
• The medication is in the original labeled container...
• The medication label contains the student name...
• Authorization shall be renewed annually...

Name of medication: _____

Dosage: _____

Times or special circumstances under which the medication or epinephrine auto-injector is to be administered: _____

Route: _____

Doctor prescribing the medication: _____

Additional information or administration instructions. _____

_____/_____/_____
Discontinue/Re-Evaluate/Follow-up Date

Parent/Guardian Signature

Date

Approved: March 2016

Reviewed: May 2018

Revised: May 2018

AUTHORIZATION AND PERMISSION FOR ADMINISTRATION OF MEDICATION CONTINUED

Provided the above requirements are fulfilled, the school shall permit the self-administration of medication by a student with asthma or other airway constricting disease or the use of an epinephrine auto-injector by a student with a risk of anaphylaxis while in school, at school-sponsored activities, under the supervision of school personnel, and before or after normal school activities, such as while in before-school or afterschool care on school-operated property. If the student abuses the self-administration policy, the ability to self-administer may be withdrawn by the school or discipline may be imposed, after notification is provided to the student’s parent.

Pursuant to state law, the school district or and its employees are to incur no liability, except for gross negligence, as a result of any injury arising from self-administration of medication or use of an epinephrine auto-injector by the student. The parent or guardian of the student shall sign a statement acknowledging that the school district is to incur no liability, except for gross negligence, as a result of self-administration of medication or an epinephrine auto-injector by the student as provided by law.

**AUTHORIZATION ASTHMA OR OTHER AIRWAY CONSTRICTING MEDICATION
SELF-ADMINISTRATION CONSENT FORM**

Medication

Dosage

Route

Time

Purpose of Medication & Administration / Instructions

Special Instructions

Prescriber’s Signature

Date

- I request the above named student possess and self-administer asthma or other airway constricting disease medication(s) and/or an epinephrine auto-injector at school and in school activities according to the authorization and instructions.
- I understand the school district and its employees acting reasonably and in good faith shall incur no liability for any improper use of medication or an epinephrine auto-injector or for supervising, monitoring, or interfering with a student's self administration of medication or use of an epinephrine auto-injector. I acknowledge that the school district is to incur no liability, except for gross negligence, as a result of self-administration of medication or use of an epinephrine auto-injector by the student.

Approved: March 2016

Reviewed: May 2018

Revised: May 2018

AUTHORIZATION AND PERMISSION FOR ADMINISTRATION OF MEDICATION CONTINUED

- I agree to coordinate and work with school personnel and notify them when questions arise or relevant conditions change.
 - I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment.
 - I agree the information is shared with school personnel in accordance with the Family Education Rights and Privacy Act (FERPA) and any other applicable laws.
 - I agree to provide the school with back-up medication approved in this form.
- (Student maintains self-administration record.)

 Parent/Guardian Signature
 (agreed to above statement)

 Date

 Parent/Guardian Address Business Phone / Home Phone

 Self-Administration Authorization Additional Information