

## AUTHORIZATION TO CARRY AND SELF ADMINISTER MEDICATIONS

This form must be completed so that we may provide the best care for your child. Please return this form to the school health office so that your child may have permission to carry and self-administer their:

- Respiratory medication
- Epinephrine auto-injector
- Other \_\_\_\_\_

If any changes occur during the year, please notify the school health office.

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Name of Student

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Grade / Teacher

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Name of Medication

Dose

Frequency of Use

### Responsibilities for carrying medications, including inhalers or epinephrine auto-injector:

#### Observed

Yes No N/A

- Current *Authorization for Medication Administration* form on file in the Health office
- Medication labeled with student's name and directions for use.
- Student demonstrates correct use of prescribed medication
- Student describes the proper timing for prescribed medication use.
- Student agrees to not share their prescribed medication with another person.
- Student agrees to keep prescribed medication with student's belongings.
- Student agrees to come directly to health room if difficulty with breathing, wheezing or chest tightness continues after using prescribed medication.
- Student and family agree to have someone notify school nurse that epinephrine auto-injector was used

The above mentioned student demonstrates an understanding and agrees to comply with the above specified responsibilities.

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Student Signature

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R.N. Signature and Date

Comments:

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My child will be responsible for carrying this medication and will self-administer. My child agrees to follow the district procedures concerning the handling and administration of this medication.

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Parent / Guardian Signature and Date