

Authorization for Self-Carry/Administration of Medicine at School and After-School Activities

Health Services policy permits a responsible, trained student to carry and/or self-administer medication for asthma, severe allergic (anaphylactic) reaction, or diabetes on his/her person for immediate use in a life- threatening situation with written order of physician, parent request, school nurse and principal approvals.

PHYSICIAN/PRESCRIBING HEALTH CARE PROVIDER ORDER

| | | | School | | |
|--|--|---|--|------------------------------------|-------------------------------|
| Address | | | | Grade | |
| Condition for which the medic | ation is administe | red | | | |
| Name of medication, dose and | method administ | ered | | | |
| Time or indication for administ | ration | | | | |
| Is this a controlled drug? Yes_ | No | _ | | | |
| Side effects to be noted/report | ted | | | | |
| | | | | | |
| Other recommendations | | | | | |
| Duration (dates) of administra | tion: From | To | (Limit of one scho | ol year) | |
| Duration (dates) of administra | tion: From | To CAPABILITY TO | (Limit of one scho | ol year) | |
| Duration (dates) of administra IN MY OPINION, THIS STU THE ABOVE MEDICATION | tion: From IDENT SHOWS Print | To CAPABILITY TO Name | (Limit of one scho | ol year) MINISTER | |
| Duration (dates) of administra IN MY OPINION, THIS STU THE ABOVE MEDICATION | tion: From IDENT SHOWS Print PARENT/C ove, be permitted tand that the med | To CAPABILITY TO Name GUARDIAN A I to carry and self- dication must be ir | (Limit of one scho CARRY AND SELF-AD Telephone UTHORIZATION administer the above orden the original pharmacy co | ol year) MINISTER Dat Dat | take responsi- ith name of |
| Duration (dates) of administra IN MY OPINION, THIS STU THE ABOVE MEDICATION Physician Signature | tion: From IDENT SHOWS Print PARENT/C ove, be permitted tand that the med | To CAPABILITY TO Name GUARDIAN A I to carry and self- dication must be ir | (Limit of one schoor CARRY AND SELF-ADI Telephone UTHORIZATION administer the above orden the original pharmacy co ginal prescription, strength | ol year) MINISTER Dat Dat | take responsi- ith name of |

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