

AUTHORIZATION FOR SELF-CARRY/ADMINISTRATION OF MEDICINE
AT SCHOOL AND AFTER-SCHOOL ACTIVITIES

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

PHYSICIAN / HEALTH CARE PROVIDER ORDER

Student: _____ DOB: _____

Address: _____

School: _____ Grade: _____

Condition for which the medication is administered _____

Name of medication _____

Dose _____ Method administered _____

Time or indication for administration _____

Is this a controlled drug? ___ Yes ___ No

Side effects to be noted/reported _____

Other recommendations _____

Duration (dates) of administration: From _____ to _____ (within current school year)

IN MY OPINION, THIS STUDENT SHOWS CAPABILITY TO CARRY AND SELF-ADMINISTER THE ABOVE MEDICATION.

Physician Signature

Print Name

Telephone numbers

Date

PARENT/GUARDIAN AUTHORIZATION

I request that my child, named above, be permitted to carry and self-administer the above-ordered medication. I take responsibility for this permission. I understand that the medication is in its original container, labeled with name of student and name of medication. No more than a 45-school day supply of medication will be kept at school. This medication will be destroyed unless picked up within one week after the end of the school year or end of the medical order.