Self-Administration of Medication Authorization

For Self-Carry Inhaler
To be completed yearly by parent or guardian - no physician's order needed for inhaler

I believe that _____(student name) is knowledgeable of the use of an inhaler and is capable of self-administering it.

Medication Name: _____

Medication Dose Frequency Route:_____

Medical Condition/Comments: _____

I hereby give permission for my child to self-administer his/her inhaler at school as prescribed by my child's prescribing health professional:

_____	_____	_____	_____
Signature of Parent or Guardian	Print Name	Phone	Date

It is highly recommended that additional inhaler medication be kept in the school's health office. A physician's order is required for a nurse to administer said medication. Please submit a signed physician's order if additional medication is to be kept in a health office. See Medication Administration Consent Form- ISD 279 Policy 516 App. A. Parent signature is required for a nurse to administer any medication.

For Self-Carry Epinephrine or Other Medications - to be completed yearly
Physician and Parent/guardian signatures required

I believe that _____(student name) is knowledgeable of the following medication and is capable of self-administering it.

Medication Name: _____

Medication/ Dose/ Frequency/ Route: _____

Medical Condition/Comments:_____ ICD 10 Code _____

_____	_____	_____	_____
Signature of Physician/Licensed Prescriber	Print Name	Phone	Date

I hereby give permission for my child to self-administer above medication at school as prescribed by my child's prescribing health professional. I authorize reciprocal release of information related to the medication between the health office nurse and the prescribing health professional.

_____	_____	_____	_____
Signature of Parent or Guardian	Print Name	Phone	Date

Must be completed by Student and Registered Nurse or Licensed School Nurse:

Student and RN or LSN will review this plan and the student agrees to:

- Follow his/her prescribing health professional's orders and review this plan with the RN or LSN
- Use correct medication administration technique
- Not allow anyone else to use his/her medication
- Keep spare medication in health office (highly recommended - r*equires completion of Policy 516, App. A.)*
- Notify the health office if: 1). emergency medication is given, i.e. Epinephrine or _____ 2). if symptoms continue or get worse after taking the medication 3). if student experiences negative side effects from the medication 4)._____

_____	_____	_____
Signature of Student	Signature of RN or LSN	Date