



Sauk Rapids-Rice Health Services

District Nurses: Amanda Pflipsen, RN, PHN • Sue Cook, RN, PHN
 www.isd47.org/departments/health

REQUEST FOR SELF-ADMINISTRATION OF INHALERS

I request my child, _____, DOB: _____, to carry and self-administer inhaler medication during the school day without the supervision of school personnel. The school may contact the below-named health care provider, if needed, regarding this request, the medication or the condition being treated.

Parent Signature: _____ Date: _____

Health Care Provider's Name: _____

Name of Clinic: _____ Phone: _____

This portion to be completed by your health care provider:

Discussion has taken place with the above-named parent(s) and student regarding the possibility of carrying and self-administering inhaler medication without the supervision of school personnel. Please consider special directions that would need to be followed in the school setting to assure the safety needs of this student and other students within the building in your decision.

Please fill out the following information regarding the authorization for self-administration of inhaler medication if you feel this is safe and appropriate for this student.

_____ I do not authorize carrying or self-administration of the medication listed below without the supervision of school personnel.

_____ I do authorize carrying and self-administration of the medication listed below without the supervision of school personnel.

Medication: _____ Dosage/Route: _____

Time/Frequency: _____

Special Directions: _____

 Health Care Provider's Signature

 Date

 School Nurse

 Date

In accordance with MN Statutes, 121A.22, 121A.2205, 121A.221, the licensed school nurse will evaluate the student's technique and assess the student's ability to safely carry and self-administer the medication. This request may be denied if proper procedures and handling of medication are not carried out. Inappropriate handling or use of medication will be reported to school administration, parents and health care provider.

 School Nurse

 LSN Assessment Date

This permission expires at the end of the current school year.

3/2016

Sauk Rapids-Rice
 High School
 (320) 258-1729
 Fax: (320) 258-1738

Sauk Rapids-Rice
 Middle School
 (320) 258-1407
 Fax: (320) 259-8909

Mississippi Heights
 Elementary
 (320) 258-1312
 Fax: (320) 258-1399

Pleasantview
 Elementary
 (320) 258-1211
 Fax: (320) 253-1444

Rice
 Elementary
 (320) 258-1601
 Fax: (320) 393-2140

Early Childhood
 Programs
 (320) 255-8910
 Fax: (320) 258-1197