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

Board of Education 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

Name of Student Date of Birth			1
Address			Grade
Condition for which the medic	ation is administered		
Name of medication, dose and	method administered		
Time or indication for adminis	tration		
Is this a controlled drug?	_ Yes No		
Side effects to be noted/reported	ed		
Other recommendations			
Duration (dates) of administrat	ion: From	To (Limit of c	one school year.)
IN MY OPINION, THIS ABOVE MEDICATION.	STUDENT SHOWS CAP.	ABILITY TO CARRY AND SELF-A	IDMINISTER THE
Physician Signature	Print Name	Telephone	Date
		gth and dose of medication, and directions for school clinic for emergencies. No more than	
		on my own behalf and on behalf of this min	
staff member administering med	ication in accord with the perm acts arising out of the adminis	e 34-30-14-2, an Avon Community School C ission statement and the Avon Community S tration of medication in accord with the to conduct.	School Corporation shall
	escribed in this permission stater	n Community School Corporation's agreeme nent, we hereby release any and all claims the hthis grant of permission.	
Parent Signature	Date	Student Signature	Date
Parent Phone Numbers			
		rmit and assist the student to be responsible, ere is a safety risk. We will contact the parer	
School Nurse Signature	 Date	Principal Signature	Date