

Student Agreement to Self-Administer/Carry Asthma Inhaler and/or EpiPen and/or Insulin

I have demonstrated proper self-administration and use to my physician and parent/guardian.

I agree to never share medication with anyone else.

I agree to let a teacher immediately know that I need to use my epi pen so they can contact the nurse.

I agree to report each occasion of inhaler use to the nurse.

I agree to come directly to the Nurse Office if I continue to have difficulty breathing, wheezing, or chest tightness after using my inhaler.

I will let my teacher know if my blood sugar is too high or low so they can immediately contact the nurse.

I understand that if I do not follow this policy, I may lose the privilege to carry/self-administer my own medications.

Student Signature _____ Date: _____

Parent/Guardian Agreement Regarding Self-Administration/Carry of Student Medication

My child will be responsible for carrying his/her own medication. He/she has demonstrated proper self-administration and use to me and his/her physician.

My child agrees to follow the school's procedure concerning the handling and administration of the medication.

I understand that it would benefit my child for the nurse to be supplied with back up medication in the event the medication is lost, forgotten, or misplaced.

I acknowledge that Faith Christian Academy bears no responsibility for ensuring that the medication is taken.

I agree to release Faith Christian Academy and all school personnel from all claims of liability if my child suffers any adverse reactions from self-administration of their medication.

Parent/Guardian Signature: _____ Date: _____

*Please note- A physician order indicating that the student may self-administer must be turned into the nurse. (Self-Administration Physician Order Form)