

MOT Charter School

SELF ADMINISTRATION OF MEDICATION

A. Parent's Request and Authorization

I request and authorize my child _____, to self-administer his/her medication _____ while at school. _____ agrees to notify the nurse when it is necessary to self-administer such medication.

This authorization is given based on the following:

- My child is capable of and has been instructed in the proper method of self-administration of this medication.
- I understand that my child shall be permitted to carry at all time his/her medication as long as she/he does not endanger him/herself or other persons and does not misuse the medication.
- I understand that if my child misuses the medication or exceeds the prescribed dosage, or endangers others with the medication, school employees or agents may confiscate it.
- MOT Charter School, its employees or agents shall not incur any liability as a result of any injury arising from the self-administration of medication by my child.
- I shall exempt from liability and hold harmless school employees or agents against any claims arising out of the self-administration of medication by my child.
- I understand that this authorization shall be effective for this current school year and must be renewed annually.

Signature: _____ Date: _____

B. Physician's Certification

Name of Physician: _____ Telephone Number: _____

Diagnosis: _____

Medication: _____

Dosage: _____

Time/Circumstances of Administration: _____

I certify that _____ has a potentially life threatening illness which requires the use of the above medication. I further certify that _____ is capable and has been instructed in the proper method of self-administration of the above medication.

Signature: _____ Date: _____

Reviewed and Accepted by Nurse: _____ (signature)

Special Considerations: _____

Reviewed and Accepted by Head of School: _____ (signature)

school nurse may impose reasonable limitations or restrictions upon the student's use and possession of the inhaler or autoinjectable epinephrine based upon the student's age, level of maturity, behavior, or other relevant considerations.

3.11.1 Parents or legal custodians shall not be required to provide or sign a form of release where the student's use and possession of an asthmatic quick relief inhaler or autoinjectable epinephrine is determined by the student's IEP or Section 504 Team to be necessary for the student's educational placement.

3.11.2 Except as provided for in a student's Section 504 Plan or IEP, the school nurse may not unilaterally impose limitations or restrictions on a student's use and possession of an asthmatic quick relief inhaler or autoinjectable epinephrine if a Section 504 or IEP Team has determined the use of the medication is necessary for the student's educational placement.

(For students who use prescribed asthmatic quick relief inhalers or autoinjectable epinephrine, see 14 DE Admin. Code 817, Administration of Medications and Treatments)