



**Laurel Public Schools**

**Montana Authorization to Carry and Self-Administer Asthma/Allergy Medication**

For this student to carry and self-administer asthma /allergy medication on school grounds or for school sponsored activities, this form **must be fully completed by the prescribing physician/provider and an authorizing parent or legal guardian.**

Student's Name		Date of Birth	
School/Grade		School Year	
Parent/Guardian(s)			
Emergency Phone #s			

**For Physician to Complete:**

MEDICATION NAME	DOSAGE	ROUTE	TIME	DIAGNOSIS

Medication(s) to be used under the following conditions: \_\_\_\_\_

I confirm that this student has been instructed in the proper use of this medication and is able to self-administer this medication on his/her own without school personnel supervision. I have provided a written treatment plan for managing asthma or anaphylaxis episodes and for medication use by this student during school hours and school activities.

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Physician's Name (Printed)

\_\_\_\_\_  
Date

- **Backup Medication – The law states that a second epinephrine autoinjector is provided to keep at the school. It must be kept in a predetermined location or locations to which the student has access to in the event of a severe allergy or anaphylaxis emergency. The location must be known to the child, parent, and school staff.**

**Backup Medication provided to School (please circle one): YES NO Location Stored: \_\_\_\_\_**

**For Completion by Parent or Guardian**

- As the parent/guardian of the above-named student, I confirm that this student has been instructed by health care provider on the proper use of this/these medication(s). This student has demonstrated to me that he/she/they understand(s) the proper use of this medication. This student is physically, mentally and behaviorally capable to assume this responsibility. This student has my permission to self-medicate as listed above if needed. If the student has used an auto-injectable epinephrine, he/she/they understand(s) the need to alert an adult that emergency medical personnel need to be called. If the student uses asthma inhaler as prescribed and does not have relief from an asthma attack, the student understands to alert an adult.
- I also acknowledge that the school district or nonpublic school may not incur liability as a result of any injury arising from the self-administration of medication by the pupil and that I shall indemnify and hold harmless the school district or nonpublic school and its employees and agents against any claims, except a claim based on an act or omission that is the result of gross negligence, willful and wanton conduct, or an intentional tort.
- I agree to also work with the school in establishing a plan for use and storage of backup medication as above in compliance with the law. This will include a predetermined location to keep back up medication to which my child has access in the event of an asthma or anaphylaxis emergency.
- Authorization is hereby granted to release this information to appropriate school personnel and classroom teachers.
- I understand in the event that the medication dosage is altered, a new "self-administration form" must be completed, or the physician may re-write the order on his prescription pad and I, the parent/guardian, will sign the new form and assure the new order is attached.
- I understand it is my responsibility to pick up any unused medication at the end of the school year, and that medication that is not picked up will be disposed of.
- I understand that this form is valid for the current school year and summer school, if needed, and must be completed & returned annually.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_