

## ASTHMA MEDICATION SELF-ADMINISTRATION FORM

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

*The Missouri Safe Schools Act of 1996 provides for students to carry and self-administer life-saving medications when the following criteria are met:*

- (1) A licensed physician prescribed or ordered the medication for use by the child and instructed such child in the correct and responsible use of the medication.*
- (2) The child has demonstrated to the child's licensed physician or the licensed physician's designee, and the school nurse if available, the skill level necessary to use the medication and any device necessary to administer such medication prescribed or ordered.*
- (3) The child's physician has approved and signed a written treatment plan for managing asthma or anaphylaxis episodes of the child and for medication for use by the child. Such plan shall include a statement that the child is capable of self-administering the medication under the treatment plan.*
- (4) The child's parent or guardian has completed and submitted to the school any written documentation required by the school, including the treatment plan required in (3) above and the liability statement required in 5 below.*
- (5) The child's parent or guardian has signed a statement acknowledging the school district and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication by the child or the administration of such medication by school staff. Such statement shall not be construed to release the school district and its employees or agents from liability for negligence. (Missouri Revised statute; Chapter 176; Pupils and Special Services; Section 167.627; 08-28-2006).*

MEDICATION NAME \_\_\_\_\_ Dose \_\_\_\_\_ Time or Interval \_\_\_\_\_  
Route/Inhalation device \_\_\_\_\_ Instructions \_\_\_\_\_

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Route/Inhalation device \_\_\_\_\_ Instructions \_\_\_\_\_

ALLERGIES: List known allergies to medications, foods, or air-borne substances \_\_\_\_\_  
\_\_\_\_\_

I, the parent or legal guardian of the student listed above, give permission for this child to carry and self-administer the above listed medications. I have instructed my child to notify the school staff if one dose fails to relieve asthma symptoms for 3 or more hours. I understand that, absent any negligence, the school shall incur no liability as a result of any injury arising from the self-administration of medication by my child.

Signature of parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian:

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Home/work phone \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Home/work phone \_\_\_\_\_

I, a licensed physician or nurse practitioner, certify that this child has a medical history of asthma, has been trained in the use of the listed medication, and is judged to be capable of carrying and self-administering the listed medication(s). The child should notify school staff if one dose of the medication fails to relieve asthma symptoms for at least three hours. This child understands the hazards of sharing medications with others and has agreed to refrain from this practice.

Signature of Health Care Provider \_\_\_\_\_ Date \_\_\_\_\_

Name of Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

