

EMERGENCY MEDICATION CHECK-IN FORM

NOTE: To be completed by an eligible school medication provider prior to authorizing a student to self-administer emergency medication under NDCC 15.1-19-16. If all check-in requirements are satisfied, issue the student a medication pass (ACBD-E5). If check-in requirements are not satisfied, require student to receive parental supervised alternative education until parent/guardian provides required documentation for emergency medication.

Student's name: _____

Date of birth: _____

Grade level: _____

Today's date: _____

Definition of Emergency Medication

Emergency medication includes a prescription drug delivered by inhalation to alleviate asthmatic symptoms and an epinephrine auto-injectable pen.

Authorization Requirements

A student who has been diagnosed with asthma or anaphylaxis may possess and self-administer emergency medication for the treatment of such conditions provided the student's parent/guardian files with the school a document that meets all of the following requirements:

1. Indicates that the student has been instructed in the self-administration of emergency medication for the treatment of asthma or anaphylaxis.
Documentation received by school: Yes No
2. Lists the name, dosage, and frequency of all medication prescribed to the student for use in the treatment of the student's asthma or anaphylaxis.
Documentation received by school: Yes No
3. Includes guidelines for the treatment of the student in the case of an asthmatic episode or anaphylaxis.
Documentation received by school: Yes No
4. Signed by the student's health care provider.
Documentation received by school: Yes No

To be completed by the student's parent/guardian:

I understand the school, school district, and any employee or volunteer of the District is not liable for civil damages incurred by:

1. A student who administers emergency medication to himself or herself.
2. An individual because a student was permitted to possess emergency medication.

Parent/guardian's name (Printed)

Parent/guardian's signature

Date

EXHIBIT

Descriptor Code: ACBD-E4

To be completed by an authorized school medication provider:

I certify that the student's parent/guardian has submitted all documentation required for the student to self-administer emergency medication, and the student has been issued a medication pass (ACBD-E5).

Name of school medication provider (Printed)

Signature of School Medication Provider

Date

End of Yellowstone Exhibit ACBD-E4.....reviewed 6/19/23