Student Name__________________________Birthdate___________Grade____School Year_______

Mifflinburg Area School District
Consent for Emergency Medications at School

Students who need to use emergency medications at school have 2 options:

Option #1:

The student comes to the health room, where the emergency medication is kept, and uses it under supervision. The advantage is that the emergency medication will be used correctly, in the proper amount, and records will be kept. A number of students keep emergency medication in the health room for use before PE class, recess or as needed.

All medications brought to school must be in their original prescription container, with a signed parental permission form including the student's name, grade, medication name and dose, and time to be given. All medications must be accompanied by a doctor's order (or completion of the bottom of this form).

Option #2:

Qualified students will be allowed to carry their emergency medications. The advantage is that the emergency medication is immediately accessible. Spare emergency medications provided by the parent may be kept in the health room in case the emergency medication is forgotten or runs out. The form below must be completed by parent, physician, and student and be kept on file in the nurse's office and be renewed at the beginning of each school year. ******Privilege for self-administration of medications will be revoked if school policies regarding self-administration are violated.******

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Contract for Permission to Carry Emergency Medications in School

To be completed by student:

1. I agree to never share my emergency medication with another person.
2. I agree to notify the school nurse immediately following each occurrence of self-administration of medication.
3. I agree to promptly report to the school nurse if self-administration of medication is ineffective in managing symptoms.
4. I agree to responsibly and appropriately carry and use this medication.

Student signature ____Date_______________

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To be completed by parent/guardian:

I give permission for my child____to carry and use the emergency medication described below. I understand he/she must follow the rules listed above. I will notify the school nurse of changes in medication or my child's condition.

Parent/Guardian Signature ____Date ______________

………

To be completed by school nurse:

The above-named student has demonstrated his/her ability to properly carry, administer and dispose of the emergency medication.

School Nurse Signature ____Date ______________

………

To be completed by Physician:

<u>NAME OF MEDICATION</u> <u>DOSE</u> <u>FREQUENCY OF USE</u>

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( ) I have instructed ___________________________in the proper way to use this medication. It is my professional opinion that he/she ***should*** carry and self administer this medication without supervision.
( ) It is my professional opinion that _________________________***should not*** carry and self administer this emergency medication. The medication should be kept in the health room and administered by the nurse.

Diagnosis:____

Check any/all that apply: ☐ Emergency Action Plan required ☐ Individualized Healthcare Plan required

Physician signature____Date________________

Revised 1/25/24