

PITTSBURGH PUBLIC SCHOOLS – HEALTH SERVICES

<u>RESCUE</u> MEDICATION ACCESS PERMISSION FORM

There are several medications that are designated as Rescue Medications: Albuterol, fast acting glucose, and epinephrine injection pens. These may be carried by a student and self-administered if the student is mature enough for the responsibility and the criteria listed below is met.

- 1. The parent/guardian submits the completed "Rescue Medication Access Permission Form" for the current school year.
- 2. The parent/guardian also submits the completed "Consent for Administration of Medication and Medication Order Form for the current school year.
- 3. The rescue medication is contained in the original container and appropriately labeled.
- 4. The School Nurse agrees that the student is capable of identifying when the rescue medication is required and how to use the medication appropriately after the student demonstrates appropriate ability to self-administer the named medication.
- 5. Furthermore, the student agrees that:
 - Under NO circumstances will he/she SHARE the rescue medication or involve another student in the self-administration of that medication.
 - He/She will use the rescue medication only as prescribed.
 - He/She must notify the school nurse if the medication is self-administered.
- 6. The parent/guardian agrees to accept full liability for injuries secondary to inappropriate use of the medications by the student.
- 7. The parent/guardian agrees to notify the school nurse immediately of any medication changes.
- **8.** The parent/guardian understands that the Pittsburgh Public Schools has the right to deny and /or revoke this privilege if the student fails to demonstrate that he/she is responsible and mature enough to carry and/or use their medication.

ENTER SCHOOL YEAR:

PRINT NAME OF STUDENT		DOB		SCHOOL	GR.
PRINT NAME OF PARENT/GUARDIAN		BEST PHONE ALT. PHONE			
	I AGREE TO	THE CO		ABOVE	
X		x			
SIGNATURE - STUDENT	DATE	SIGNATURE - PARENT/GUARDIAN			DATE

MEDICAL PROVIDER: The above named patient/student is capable of self-administering the medication named below.

MEDICAL			
CONDITION: MEDICATION:			
DOSE & TIME(s):			
x	x		
PROVIDER'S SIGNATURE	PRINT PROVIDER'S NAM	E	DATE
	ALT		
PHONE:	PHONE:	FAX:	
SCHOOL NURSE:			YES
STUDENT DEMONSTRATES APPRO	AMED MEDICATION.	NO	
x	×		
SCHOOL NURSE'S SIGNATURE	PRINT NAME		DATE

Pittsburgh Public Schools (PPS) does not discriminate on the basis of race, color, age, creed, religion, gender (including gender identity or expression), sexual orientation, ancestry, national origin, marital status, pregnancy or disability in its programs activities or employment and provides equal access to the Boy Scouts and other designated youth groups. Inquiries may be directed to the Assistant Superintendent for Student Services, Title IX Coordinator or the Section 504/ADA Title II Coordinator at 341 S. Bellefield Avenue, Pittsburgh, PA 15213, 412-529-3950, <u>TitleIXCoordinator@pshchools.org</u> or 412.529, HELP (4357).