

Authorization for Exception to Medication Policy
Self-Administer and Retain Medication on Person

Student: _____ **Teacher:** _____

Physician Authorization:

It is my professional opinion that the student named above should be permitted to carry and self-administer his/her asthma medication as prescribed on the prescription label. The student has been instructed in, and demonstrates an understanding of, the proper use of his/her asthma medication.

Physician Signature: _____ Date: _____
Name: _____
Address: _____
Phone: _____

Parental Permission and Responsibilities:

I authorize my child to carry and self-administer his/her asthma medication at school. My child demonstrates a full understanding of the proper use of his/her asthma medication.

I take sole responsibility for:

- Ensuring the medication is properly labeled with a pharmacy label with prescriptive information for my child.
- Ensuring the student always carries his/her asthma medication on his/her person. I have instructed my child to go to the nurse's office after self-administration of the medication.
- Providing backup medication to be kept in the nurse's office.
- Updating emergency contact information as changes occur.

I release the School District and its employees and agents of any legal responsibility related to my child's possession and self-administration of his/her asthma medication. I understand this "Exception to the Medication Policy" may be revoked if the agreement is not adhered to by all parties.

Parent/Guardian Signature: _____ Date: _____

Student Agreement:

I have been instructed in the proper use of my prescription asthma medication and fully understand how and when to use this medication. I will always carry my medication with me and will not allow another student to use my medication under any circumstances. I will go to the nurse's office after every use of my medication.

Student Signature: _____ Date: _____

This contract will remain valid for the current school year _____.