DELAWARE COUNTY CHRISTIAN SCHOOL

Health Services

Authorization for Self-Carry/Administration of Medicine

Authorization for Self-Carry/Administration of Medicine at School and After-School Activities

Health Services policy permits a responsible, trained student to carry and/or self-administer medication for asthma, severe allergic (anaphylactic) reaction, or diabetes on his/her person for immediate use in a life- threatening situation with written order of physician, parent request, school nurse and principal approvals.

PHYSICIAN/PRESCRIBING HEALTH CARE PROVIDER ORDER

Name of Student_____DOB_____School_____

Address_____Grade_____

Condition for which the medication is administered_____

Name of medication, dose and method administered_____

Time or indication for administration_____

Is this a controlled drug? Yes_____No_____

Side effects to be noted/reported_____

Other recommendations_____

Duration (dates) of administration: From_____To_____ (Limit of one school year)

IN MY OPINION, THIS STUDENT SHOWS CAPABILITY TO CARRY AND SELF-ADMINISTER THE ABOVE MEDICATION

_____ _____ _____ _____
Physician Signature | Print Name | Telephone | Date

PARENT/GUARDIAN AUTHORIZATION

I request that my child, named above, be permitted to carry and self-administer the above ordered medication. I take responsibility for this permission. I understand that the medication must be in the original pharmacy container, labeled with name of student, prescribing health care provider and medication, date of original prescription, strength and dose of medication, and directions for use.

_____ _____ _____ _____
Parent Signature | Date | Student Signature | Date

Parent Telephone Numbers _____

We accept the parent request and physician statement. We will permit and assist the student to be responsible, but reserve the right to withdraw the privilege if the student shows signs of irresponsible behavior or there is a safety risk. We will contact the parent as soon as possible in this event.

_____ _____ _____ _____
School Nurse Signature | Date | Principal Signature | Date