

Title: Authorization-Asthma or Airway Constricting Disease Medication Self-Administration Consent Form

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Student's Name (Last), (First) (Middle)      Birthday      School      Date

In order for a student to self-administer medication for asthma or any airway constricting disease:

- Parent/guardian provides signed, dated authorization for student medication self-administration.
- Prescriber (person licensed under chapter 148, physician's assistant, advanced registered nurse practitioner, or other person licensed or registered to distribute or dispense a prescription drug or device in the course of professional practice in Iowa in accordance with section 147.107, or a person licensed by another state in a health field in which, under Iowa law, licensees in this state may legally prescribe drugs) provides written authorization containing:
  - Name and purpose of the medication,
  - prescribed dosage, and
  - times or special circumstances under which the medication is to be administered;
- The medication is in the original, labeled container as dispensed or the manufacturer's labeled container containing the student name, name of the medication, directions for use (including the time of day which it is to be given, the dosage and the duration), and date.
- Authorization is renewed annually. If any changes occur regarding the administration of the medication, the parent is to notify school officials immediately. The authorization shall be reviewed as soon as practical.

Provided the above requirements are fulfilled, a student with asthma or other airway constricting disease may possess and use the student's medication while in school, at school-sponsored activities, under the supervision of school personnel, and before or after normal school activities, such as while in before-school or after-school care on school-operated property. If the student abuses the self-administration policy, the ability to self-administer may be withdrawn by the school or discipline may be imposed.

Pursuant to state law, the school district and its employees are to incur no liability, except for gross negligence, as a result of any injury arising from self-administration of medication by the student. The parent or guardian of the student shall sign a statement acknowledging that the school district is to incur no liability, except for gross negligence, as a result of self-administration of medication by the student as established by Iowa Code § 280.16.

_____ Medication	_____ Dosage	_____ Route	_____ Time
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\_\_\_\_\_  
 Purpose of Medication & Administration /Instructions

\_\_\_\_\_  
Special Circumstances

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Discontinue/Re-Evaluate/  
Follow-up Date

\_\_\_\_\_  
Prescriber's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Prescriber's Address

\_\_\_\_\_  
Emergency Phone

- I request the above named student possess and self-administer asthma or other airway constricting disease medication(s) at school and in school activities according to the authorization and instructions.
- I understand the school district and its employees acting reasonably and in good faith shall incur no liability for any improper use of medication or for supervising, monitoring, or interfering with a student's self-administration of medication. I acknowledge that the school district and its employees are to incur no liability, except for gross negligence, as a result of any injury arising from self-administration of medication by the student.
- I agree to coordinate and work with school personnel and notify them when questions arise or relevant conditions change.
- I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment.
- I agree the information is shared with school personnel in accordance with the Family Education Rights and Privacy Act (FERPA) and other laws as may be applicable.
- I agree to provide the school with back-up medication approved in this form.

\_\_\_\_\_  
Parent/Guardian Signature  
(agreed to above statement)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Self-Administration Authorization Additional Information

Approved: May 23, 2006

Reviewed: April 27, 2021  
June 25, 2025

Revised: April 26, 2011  
May 10, 2016