

AUTHORIZATION FOR SELF-CARRY BY WBCSD STUDENTS: EMERGENCY MEDICATIONS

Student's Name _____ Birth date _____
Medication _____ for _____

Eligibility: Only JH and HS students with asthma, diabetes and/or severe allergies who may require rescue medications (i.e., inhaler, glucagon, insulin, epi-pen, benadryl).

Healthcare Provider: This student is capable of and has been instructed on how to self-carry and administer this medication as directed on the medication consent form (both correct technique and dose intervals). Please allow him/her to self-carry it during school hours or activities. In the event of an emergency, this student may need assistance by a school staff member in the administration of this medication.

Name and purpose of medication: _____
Prescribed Dose: _____
The times(s) at which or the circumstances under which medication should be administered: _____
The length of time for which medication is prescribed: _____
The possible side-effects of the medicine: _____
Actions to take in the event of an emergency, including if the medication does not improve the condition, breathing or allergic reaction _____
List of student's asthma triggers or allergies: _____
Physician contact Name and Phone Number: _____
Healthcare Provider Signature/Date _____

Student: I am capable of carrying this medicine as recommended and accept this responsibility. I will keep it secure at all times and will not share it with others. I understand that I will be subject to disciplinary actions if medications are shared. I will inform an adult when medication is used.
Student Signature/Date: _____

School Health Nurse: I have reviewed this request and agree that this student should be capable of safely self-carrying and, when applicable, self-administering this medication.
School Health Nurse Signature/Date: _____

Parent/Guardian

I give consent to the West Bonner County Schools to allow my child to self-carry and, when applicable, to self-administer this medicine at school. I understand that my child and I assume all responsibility for the proper use and safekeeping of this medicine. I absolve the West Bonner County Board of Education and its agents and employees from any and all liability whatsoever that may result from my child carrying and/or using this medicine at school, and I agree to indemnify, defend and hold the school district, its agents and employees, harmless from any and all claims, actions costs, damages and liabilities, arising out of or connected with the self-administration of the medication of and/or carrying of such medication and that the Board and its agents and employees shall incur no liability as a result of any injury connected with self-administration or carrying of such medication.

Parent Signature/Date _____