



West Irondequoit Central School District

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INDEPENDENT CARRY AND USE OF MEDICATION IN SCHOOL AND SCHOOL-SPONSORED EVENTS

Student Name _____ DOB _____ Gr _____ School Year _____

"Independent Carry and Use of Medications" means that students will take their own medicine without any assistance from staff, except during emergencies. Students may independently carry and use prescribed and over-the counter medication during the school day or at school-sponsored events *only if the following conditions are satisfied*:

- 1) HCPs prescribe the medication for use in school. ***Rapid-acting rescue medication** orders must also include a diagnosis and attestation that the Health Care Provider observed the student use the medication correctly. (*rescue inhalers, epinephrine auto-injectors, insulin, glucagon, diabetes supplies or other medications that require rapid administration to prevent negative health outcomes)
- 2) Parents/Guardians attest that they have educated the child in regards to responsible usage of the medication.
- 3) School officials find the student to be responsible. If irresponsible use is noted, the privilege will be rescinded.
- 4) Medication permission forms are valid for one school-calendar year. A new form must be submitted each new school year.
- 5) Students are not permitted to carry controlled substances and psychotropic medications.
- 6) Medication should be stored in a properly labeled pharmacy or manufacturer's container.
- 7) WCSD strongly recommends that parents provide a duplicate of **rapid-acting rescue medication** to be kept in the Health Office.

HEALTH CARE PROVIDER Permission for Independent Use and Carry

1. Medication _____	2. Medication _____
Dosage _____	Dosage _____
Route _____	Route _____
Time/Frequency _____	Time/Frequency _____
Duration _____	Duration _____
Diagnosis/Reason _____	Diagnosis/Reason _____
Comments/Side-effects _____	Comments/Side-effects _____

This student was instructed in proper procedure and appears to be *self-directed*, as defined by the ability to: state the name, amount, time and effect of taking/not taking this medication; demonstrate how to take the medication correctly; and recognize the medication and refuse the wrong medication or dose from an adult. In my judgment, the student is responsible and may carry and use this medication independently in school and at school-sponsored events. Staff intervention or support is needed only during emergencies.
***RAPID-ACTING RESCUE MEDICATION:** I attest that this student has demonstrated to me that he/she can self-administer the medication(s) listed above safely and effectively.

HCP Signature _____ Date _____
 Printed Name _____ Phone Number _____

PARENT/GUARDIAN Permission for Independent Use and Carry

I agree that my child uses the above medication effectively and may carry and use the medication independently in school and at school-sponsored events. I assume responsibility for ensuring that my child: carries non-expired medication; administers and stores it correctly; and understands that **sharing with other students is not permitted. If irresponsible use of this medication is noted, the privilege will be rescinded and the student will be subject to disciplinary action, including suspension from school.** Staff intervention or support is needed only during an emergency. My child knows to seek guidance from the school nurse or supervising adult if assistance is needed. I authorize the school nurse to discuss concerns regarding this medication with the prescribing provider. This plan will be shared with school staff caring for my child.

***RAPID-ACTING RESCUE MEDICATION:**

- I have provided a duplicate of this potentially life-saving medication to the school nurse, to be administered by the nurse or trained staff if my child forgets to bring the medication to school or school-sponsored events.
- I am *not* providing a duplicate of this potentially life-saving medication to the nurse. I understand if my child forgets to bring it to school or school-sponsored events, it will not be available to administer to my child until emergency medical services arrive.

Parent/Guardian Signature _____ Date _____
 Printed Name _____ Phone _____

Parent/GuardianE-mail _____

WELCOME. NURTURE. INSPIRE.