

SELF-ADMINISTRATION PLAN FOR MEDICATION - CONFIDENTIAL

Notice: Pursuant to Kansas statute, neither Lawrence Public School District, its employees, nor its agents shall be liable for any injury resulting from the self-administration of medication.

Name of student _____ Date of birth _____

School _____ Grade _____ Teacher _____

Medication _____ Dosage/frequency _____

Reason _____

Common side effects _____

RELEASE OF INFORMATION

(Required For Certain Medications* To Be Taken At School)

I hereby authorize the mutual release and disclosure of information regarding: ____ medication and/or
____ medical records (optional) between _____ and USD 497
Health Care Provider

I understand that the information disclosed will be treated in a confidential manner.

The following signatures are also required to complete this form:

Parent _____ Date _____

Health Care Provider _____ Date _____
(Required for certain medications* only)

Student _____ Date _____
(Sign after instruction has been given by the school nurse)

School Nurse _____ Date _____

PARENT INFORMATION

The signatures on this document verify that this student has been instructed in and understands the purpose for the medication and its appropriate method of administration, and has demonstrated proper and responsible self-administration. The medication shall be packaged in the original container and supply a single day's needs (except inhalers). **A duplicate inhaler kept in the school health office as a backup is strongly recommended for students with asthma or any emergency medication. Controlled substances may not be self-administered.** School personnel do not provide documentation or supervision of self-administered medication, and shall not be held liable for any injury resulting from self-administration of medication or if the student distributes his/her medication to another student.

*Prescription medications require a health care provider's signature and herbal/natural/homeopathic remedies require a healthcare provider signature and order.

STUDENT INSTRUCTIONS

- Keep medication with you at all times (inhalers, epi-pens, etc) **or** locked in a secure location
- **NEVER** let anyone use your medication
- Keep non-emergency medication with you at all time
- The pharmacy label must be attached to prescriptions; nonprescription medication must be kept in its original package
- Follow manufacturer/physician instructions for administration

Failure to comply with these expectations may result in disciplinary actions.