

Student's Name		Student ID#	Grade/Homeroom
Medication	#1	#2	
Dosage			
Time of administration			
Length of administration	Start	Stop	Start
Reason for Medication			
Administration instructions			
Side Effects			
FIELD TRIP	Please check the following option when a parent/guardian or parent guardian designee (non-staff) is unable to attend a field trip: _____ Yes, the prescribed dose can be withheld on the day of the field trip _____ Yes, the time can be adjusted with the parent/guardian to be administered upon return to school. _____ No, this medication must be given to the child at the prescribed time. Kindly explain: _____ _____ For students with injectable epinephrine orders, the antihistamine (<u>listed above</u>) needs to be sent on the trip.		
Competency for self administration	I, _____, certify that this student has a potentially life threatening illness and (prescriber printed name) requires an inhaler or auto injecting epinephrine, is competent and has been instructed in the proper method of self administration of said medication. The student may therefore carry and self-administer his/her inhaler or auto injecting epinephrine.		
Signature of Prescriber	Name _____ Phone _____ (not valid without prescriber signature)		
To be completed by Parent/Guardian: I give permission for my child to receive the above noted medication at school according to School Board Policy #210. I also give permission for the Certified School Nurse to contact the Licensed Prescriber, as necessary, regarding the medication. Parent/Guardian Signature: _____ (not valid without signature)			
TELEPHONE Home: [_____] Work: [_____] Cell: [_____]			
If there is a two hour delay opening: _____ Yes, administer my child's medication as prescribed _____ No, I will contact you if the time is to be adjusted.			
ONLY PRESCRIBED MEDICATION CAN LEGALLY BE ADMINISTERED BY LICENSED MEDICAL PERSONNEL.			

Permission to carry and self-administer Inhalers and Auto Injecting Epinephrine

In accordance with Pennsylvania State Law, I hereby agree to allow my child to carry his/her asthma inhaler medication or auto injecting epinephrine. I acknowledge that the North Allegheny School District and its staff bear no responsibility for the benefits or consequences of the medication and that the school bears no responsibility for ensuring that the medication is taken. The North Allegheny School District reserves the right to withdraw permission at any time if the student is unable to demonstrate responsible behavior in carrying and/or taking this medication.

Parent/Guardian Signature: _____ Date: _____

I agree to be solely responsible for my Inhalers and/or Auto Injecting Epinephrine and to follow the directions for its use as ordered by my Licensed Prescriber and the district's medication policy. I am aware that any abuse of this privilege will result in confiscation of the medication and loss of privilege to carry and self administer said medication.

Student Signature: _____ Date: _____

For health office use only:

For students in Grade 6-12 when a written statement of competency is not provided by the Licensed Prescriber:
The student must meet all four criteria to carry and self administer Inhalers and Auto Injecting Epinephrine:

- _____ 1. Respond and visually recognize his/her name
 _____ 2. Identify his/her medication
 _____ 3. Demonstrate proper technique for self administering his/her medication
 _____ 4. Verbalize symptoms when medication should be used.

This student has demonstrated the ability to self administer the said medication as indicated above.

Nurse Signature: _____ Date: _____

[illegible]