

Self-Administration of Medication Authorization

For Self-Carry Inhaler

To be completed yearly by parent or guardian - no physician's order needed for inhaler

I believe that _____ (student name) is knowledgeable of the use of an inhaler and is capable of self-administering it.

Medication Name: _____

Medication Dose Frequency Route: _____

Medical Condition/Comments: _____

I hereby give permission for my child to self-administer his/her inhaler at school as prescribed by my child's prescribing health professional:

Signature of Parent or Guardian Print Name Phone Date

It is highly recommended that additional inhaler medication be kept in the school's health office. A physician's order is required for a nurse to administer said medication. Please submit a signed physician's order if additional medication is to be kept in a health office. See Medication Administration Consent Form- ISD 279 Policy 516 App. A. Parent signature is required for a nurse to administer any medication.

For Self-Carry Epinephrine or Other Medications - to be completed yearly Physician and Parent/guardian signatures required

I believe that _____ (student name) is knowledgeable of the following medication and is capable of self-administering it.

Medication Name: _____

Medication/ Dose/ Frequency/ Route: _____

Medical Condition/Comments: _____ ICD 10 Code _____

Signature of Physician/Licensed Prescriber Print Name Phone Date

I hereby give permission for my child to self-administer above medication at school as prescribed by my child's prescribing health professional. I authorize reciprocal release of information related to the medication between the health office nurse and the prescribing health professional.

Signature of Parent or Guardian Print Name Phone Date

Must be completed by Student and Registered Nurse or Licensed School Nurse:

Student and RN or LSN will review this plan and the student agrees to:

- Follow his/her prescribing health professional's orders and review this plan with the RN or LSN
- Use correct medication administration technique
- Not allow anyone else to use his/her medication
- Keep spare medication in health office (highly recommended - *requires completion of Policy 516, App. A.*)
- Notify the health office if: 1). emergency medication is given, i.e. Epinephrine or _____
2). if symptoms continue or get worse after taking the medication 3). if student experiences negative side effects from the medication 4). _____

Signature of Student Signature of RN or LSN Date