

This form is for inhalers & EpiPens Only

**Authorization for Student Self-Medication Form**

(Required if student has authorization to self-administer asthma medication and/or an Epinephrine Auto-Injector)

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Physician, Physician Assistant or Advanced Practice RN Authorization: (Signature required for epinephrine but not for rescue inhaler.)

I certify that this student has been instructed in the use and self-administration of their emergency asthma medication and/or Epinephrine auto-injector (or EpiPen®). He/She understands the need for the medication and the necessity to report to school personnel any utilization of the medication and/or any unusual side effects. He/She has been given instructions and is capable of using this medication independently.

1. Will this student self carry medication? Yes/No
2. Will a second set of medication be kept in the health office at school? Yes/No

\_\_\_\_\_  
Prescriber's Signature Date Signed

\_\_\_\_\_  
Prescriber's Emergency Phone Number Prescriber's Address (include C/S/Z)

Parent Authorization:

I hereby authorize my son/daughter, to self administer the above referenced medication at school, school-sponsored activities, while under the supervision of school personnel, and before/after normal school activities such as before/after school care on school operated property. *(We recommend that you provide an additional dose of the medication to be kept at school in the event that your child forgets or loses his/her medication.)*

I agree to indemnify and hold harmless the School District, its Board of Education and the Board's members, officers, employees and volunteers from any claim, liability, loss or expense including reasonable attorneys' fees, suffered by any of the foregoing and arising out of a claim related directly or indirectly to my son/daughter's self-administration of the above referenced medication or brought by me, any other parent or guardian of my student or another student, or on behalf of my student or another student. We understand that the School District and foregoing individuals are to incur no liability as a result of any injury arising from the self-administration of medication, provided, however, this indemnity and hold harmless commitment does not apply to the willful and wanton conduct of the foregoing.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Authorization:

I agree to:

- Demonstrate correct use of the inhaler or Epinephrine auto-injector using a trainer/demonstrator to the registered nurse at school.
- Never share the inhaler or Epinephrine auto-injector with another person.
- Notify a teacher or other responsible adult if there is not marked improvement in my breathing within several minutes after two puffs of the inhaler.
- Immediately notify a teacher or another responsible adult if I use my Epinephrine auto-injector.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_