

North Mahaska Community School District
AUTHORIZATION AND PROTOCOL FOR SELF-ADMINISTERED
EMERGENCY MEDICATIONS

(Medication Consent form is also required for Self-Administered Emergency Medications)

Name:	Date of Birth:	Grade:	School:
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In order for your child to carry a self-administered emergency medication on his/her person, the following must be understood and agreed upon by the student and parents:

The student may utilize the prescribed self-administered medication as needed and directed by his/her physician. It is understood that the student has been instructed on the proper use of the prescribed medication. The medication must be properly labeled with the student's prescription label. **Both the Medication Consent form and this Protocol** must be signed by the parent/guardian and placed on file at the school prior to your child carrying a self-administered medication on his/her person.

Inhaler: Direct monitoring will NOT be conducted by the school staff. The student is responsible for self-administration of the inhaler. If the student continues having difficulty breathing, he/she should report to the School Health Office and the parents will be notified by the appropriate school staff.

Self-administered emergency epinephrine: Direct monitoring will NOT be conducted by the school staff. The student is responsible for notifying school staff in the event he/she had the need to self-administer the emergency medication.

- It is the parents' responsibility to immediately notify the school if the child's health status changes, or when a change in physician and/or medication occurs. Changes in procedure must be received in writing from the physician authorizing treatment.
- The district is not responsible for any risk involved with improper handling of this medication including: overuse, improper administration, breakage, theft, loss, sharing, playing with or careless storage of the medication.
- Re-evaluation of the present protocol may be needed if the student is found to display behavior that increases the safety risks of him/herself or the students on campus.

Name of Student:
 Date of Birth:
 Grade:
 School:

TO BE COMPLETED BY THE PHYSICIAN: The above-named student has been instructed in the proper use of their asthma inhaler/emergency medication. The child's well-being is in jeopardy unless this medication is carried on his/her person. Therefore, I request that he/she be permitted to carry the asthma inhaler/emergency medication at school. He/she is capable of self-administering the medication, understands the purpose, appropriate method, and frequency of use of the asthma inhaler/emergency medication.

PHYSICIAN'S SIGNATURE: _____ **DATE:** _____
PRINTED/TYPED NAME OF PHYSICIAN: _____

TO BE COMPLETED BY THE PARENT/GUARDIAN: I permit my child to carry the above-mentioned asthma inhaler/emergency medication as ordered by his/her physician. I also specifically release the school district and all school personnel from any and all civil liability if my child suffers an adverse reaction as a result of self-administering medication during school hours and/or school sponsored events.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

TO BE COMPLETED BY THE STUDENT: I have been instructed in the proper use of my medication and will take it as prescribed to me by my physician. I understand that using my medication in a manner other than as prescribed by my doctor can result in disciplinary action taken against me by my School/District.

STUDENT'S SIGNATURE: _____ **DATE:** _____

Please return the fully completed forms to your child's school health office signed by the physician, parent/guardian, and student. Medication forms must be renewed at the beginning of each school year or whenever there is a change in medication or instructions.

NO MEDICATION WILL BE ALLOWED WITHOUT THE REQUIRED SIGNATURES
North Mahaska Community School District