

SELF – ADMINISTRATION OF EMERGENCY MEDICATION

INHALER AND/OR EPI-PEN (circle one or both)

Possession of an asthma inhaler for prompt treatment of the student’s asthma or epi-pen for prompt treatment of a life-threatening allergy requires written authorization by the parent/guardian and the Physician.

Student name: _____

SELF – ADMINISTRATION GUIDELINES

1. The authorization form must be signed by the provider
2. Parent/guardian assumes responsibility for granting permission for this student to self-administer emergency medication.
3. Parent/Guardian understands the benefit for the school to be supplied with back-up medication in the event the medication is lost or misplaced

PARENT/GUARDIAN AUTHORIZATION FOR SELF-ADMINISTRATION

Yes No

Medication

PARENT/GUARDIAN SIGNATURE

DATE

1. This student has been appropriately instructed regarding self-administration.
2. Plan for General Supervision of Student Self-Administering Medication (Include directions to student on transporting and maintaining medication)

SCHOOL NURSE SIGNATURE

DATE

PARENT/GUARDIAN AUTHORIZATION of SELF ADMINISTRATION **NOT APPROVED**

I request that the above medication be administered by school personnel ONLY.

PARENT/GUARDIAN SIGNATURE

DATE