

**Authorization – Asthma, Airway Constricting, or Respiratory Distress
Medication Self-Administration Consent Form**

Student Name: _____ **Grade:** _____

Medication: _____ **Dosage:** _____

Purpose for Medication (Health Condition): _____

The following must occur for a student to self-administer asthma medications, bronchodilator canisters or spacers, or other airway constricting disease medications OR for a student with a risk of anaphylaxis to self-administer an epinephrine auto-injector:

- a. The parent/guardian provides a signed/dated copy of the authorization consent form for student medication self-administration;
- b. The parent/guardian provides a written statement from the student's licensed healthcare provider (*A person licensed under Chapter 148 to practice medicine and surgery OR osteopathic medicine and surgery; an advanced registered nurse practitioner licensed under Chapter 152 or 152E and registered with the Board of Nursing; or a physician's assistant licensed to practice under the supervision of a physician as authorized in Chapters 147 and 148C*) containing the following:
 1. Name and purpose of the medication or epinephrine auto-injector;
 2. Prescribed dosage; and
 3. Times or special circumstances under which the medication or epinephrine auto-injector is to be administered.
- c. The medication is in the original labeled container as dispensed or in the manufacturer's labeled container that includes the student's name, name of the medication, directions for use, and date; and
- d. Authorization is renewed annually. In addition, if any changes occur in the medication, dosage or time of administration, the parent/guardian is to notify school health personnel immediately. The authorization will be reviewed as soon as practical.

Provided the above requirements are fulfilled, the school will permit the self-administration of medications by a student with asthma, respiratory distress, or other airway constricting diseases or the use of an epinephrine auto-injector by a student with a risk of anaphylaxis while in school, at school-sponsored activities, under the supervision of school personnel, and before/after normal school activities such as while attending before/after-school care on school-operated property. If the student abuses the self-administration policy, the ability to self-administer may be withdrawn by the school or discipline may be imposed after notification is provided to the student's parent/guardian.

Pursuant to state law, the district and its employees are to incur no liability, except for gross negligence, as a result of injury arising from self-administration of medication or use of an epinephrine auto-injector by the student. The parent/guardian of the student will sign a statement acknowledging that the district is to incur no liability, except for gross negligence, as a result of self-administration of medication or an epinephrine auto-injector by the student; as provided by law.

PRESCRIBER INFORMATION

Medication: _____ **Dosage:** _____

Purpose for Medication (Health Condition): _____

Administration Instructions: _____

Special Circumstances: _____

Discontinue/Re-Evaluate/Follow-Up Date: _____

Prescriber's Signature: _____ **Date:** _____

Printed Name/Title: _____

Address: _____

Emergency Phone Number: _____

PARENT/GUARDIAN AUTHORIZATION

1. I request the above-named student possess and self-administer asthma medications, bronchodilator canisters or spacers, or other airway constricting disease medications and/or an epinephrine auto-injector at school and/or during school activities according to the authorization and instructions stated herein;
2. I understand the district and its employees, acting reasonably and in good faith, will incur no liability for any improper use of medications or an epinephrine auto-injector or for supervising, monitoring, or interfering with a student's self-administration of medication or use of an epinephrine auto-injector. I acknowledge that the district will incur no liability, except for gross negligence, as a result of self-administration of medications or use of an epinephrine auto-injector by the student;
3. I agree to coordinate and work with school personnel and notify them when questions arise or relevant conditions change;
4. I agree to provide safe delivery of medications and equipment to/from school and to pick up any remaining medications and equipment;
5. I agree that the information being shared with school personnel is in accordance with the Family Educational Rights and Privacy Act (FERPA) and any other applicable laws;
6. I agree to provide the school with the back-up medications approved on this form; and
7. I agree that the student will maintain their own self-administration records.

Parent/Guardian Signature: _____ **Date:** _____

Address: _____

Home Phone: _____ **Cell#:** _____ **Work#:** _____

Additional Self-Administration Information: _____