



**AUTHORIZATION – ASTHMA OR OTHER AIRWAY CONSTRICTING DISEASE
MEDICATIONS OR EPINEPHRINE AUTO-INJECTOR 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 or other airway constricting disease medications or for a student with a risk of anaphylaxis to self-administer an epinephrine auto-injector:

- Parent/legal guardian provides signed, dated authorization for student medication self-administration;
- Parent/legal guardian provides a written statement from the student’s licensed health care professional (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 assistant licensed to practice under the supervision of a physician as authorized in Chapters 147 and 148C) containing the following:
 - Name and purpose of the medication or epinephrine auto-injector
 - Prescribed dosage
 - Times or special circumstances under which the medication or epinephrine auto-injector is to be Administered;
- The medication is in the original, labeled container as dispensed or the manufacturer’s labeled container containing the student name, name of the medication, directions for use, and date; and
- Authorization will be renewed annually. In addition, if any changes occur in the medication, dosage, or time of administration the parent/legal guardian is to notify school officials 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 of other airway constricting disease 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 or after normal school activities, such as while in before-school or 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 If the student abuses the self-administration policy, the ability to self-administer may be withdrawn by the school or discipline may be imposed after notification is provided to the student’s parent/legal guardian.

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

Medication _____ Dosage _____

Purpose for Medication (Health Condition) _____

Administration/Instructions _____

Special Circumstances: _____

Discontinue/Re-Evaluate/Follow-Up Date _____

Prescriber's Signature

Date

Prescriber's Address

Emergency Phone

- I request the above-named student possess and self-administer asthma or other airway constricting disease medications and/or an epinephrine auto-injector at school and in school activities according to the authorization and instructions;
- I understand the district and its employees acting reasonably and in good faith will incur no liability for any improper use of medication 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;
- I agree to coordinate and work with school personnel and notify them when questions arise, or relevant conditions change;
- I agree to provide safe delivery of medications and equipment to/from school and to pick up remaining medications and equipment;
- I agree the information is shared with school personnel in accordance with the Family Educational Rights and Privacy Act (FERPA) and any other applicable laws;
- I agree to provide the school with back-up medications approved on this form; and
- I agree that the student will maintain self-administration records.

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Address

Home Phone

Cell Phone

Work Phone

Additional Self-Administration Authorization Information
