

SCHOOL HEALTH SERVICES

**MEDICATION SELF AND STAFF* ADMINISTRATION CONSENT FORM
(PHYSICIAN SIGNATURE REQUIRED)
(ASTHMA & ANAPHYLAXIS-Epi-Pens and Inhalers)**

Requires renewal at the beginning of each school year

Name of Student _____ D.O.B. _____

Address _____ Telephone _____

Parent/Guardian Name _____ School _____

Diagnosis: _____

Name of medication/treatment _____

Dose _____

Time(s) to be administered at school _____

Method (route) of administration _____

Medication to be administered from _____ to _____
Month/Day/Year Month/Day/Year

Precautions and reactions to observe and report _____

_____ I CERTIFY THAT THE ABOVE NAMED STUDENT IS CAPABLE OF SELF-ADMINISTRATION OF THE ABOVE PRESCRIBED MEDICATION.

***IN THE EVENT THE STUDENT IS UNABLE TO ADMINISTER THE ABOVE LISTED MEDICATION, TRAINED MEDICATION ADMINISTRATION STAFF WILL ADMINISTER THE MEDICATION.**

Physician's Signature Telephone Date

PRINT Physician's Name Clinic Name

(Changes may be called to the school nurse by the prescribing provider with written confirmation following within 24 hours. Faxes are acceptable.)

I authorize my child to self-administer his/her prescription medication for asthma and/or anaphylaxis while at school and relieve the school district and personnel of all responsibility. I understand that the school district and individuals involved will not be held liable for any adverse effects of the medication. I give permission for communication that may be necessary between the prescribing provider and the eSchool Nurse to insure safe medication administration for my child. In the event that medication is stored at school, I am responsible to pick up unused medication one week after the last dose is given during the school year, and/or before the last day of school. If the medication is not picked up, it will be destroyed.

***IN THE EVENT THE STUDENT IS UNABLE TO ADMINISTER THE ABOVE LISTED MEDICATION, TRAINED MEDICATION ADMINISTRATION STAFF WILL ADMINISTER THE MEDICATION.**

Parent/Guardian Signature _____ Date _____