

AUTHORIZATION AND AGREEMENT FOR SELF- ADMINISTRATION OF MEDICATION AT SCHOOL

Name of student:	Date of Birth:	Grade:	School:
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Medication: _____ Dose: _____ Frequency: _____

Prescription (**physician permission needed**) Non-Prescription

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

The student may use the prescribed self-administered medication as needed and directed by his/her physician. The medication must be properly labeled with the student's name, name of the medication, dosage, route and frequency of administration and any other special instruction including student permission to self medicate. ***The authorization must be signed and placed on file at the school prior to your child carrying a self-administered medication at school.***

Inhaler: No direct monitoring will 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 office and the parents will be notified by the appropriate school staff.

Self-administered emergency epinephrine: No direct monitoring will 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. **This agreement must be renewed at the beginning of each school year or whenever there is a change in medication.**
- 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.
- **Permission to self-medicate may be revoked** if the student violates the school district policy governing Administering Noninjectable Medicines to Students and/or these regulations. Additionally, students may be subject to discipline, up to and including expulsion, as appropriate.

To be completed by the physician: The above named student has been instructed in the proper use of their asthma inhaler or 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 medication at school. He/she is capable to self-administering the medication, understands the purpose, appropriate method, and frequency of use of the medication/inhaler.

PHYSICIAN'S SIGNATURE: _____ **DATE:** _____

PRINTED/TYPED NAME OF PHYSICIAN _____

To be completed by the parent/guardian: I permit my child to carry the above listed asthma inhaler or medication as ordered by his/her doctor. 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

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

To be completed by the student: I agree to take my medication as instructed by my doctor. I understand that using my medication in a manner other than directed by my doctor (ex sharing with other students) can result in disciplinary action by my School/District.

STUDENT SIGNATURE: _____ **DATE:** _____

Reviewed by Principal _____ Reviewed by School Nurse _____
Signature and date Signature and date

AUTORIZACION Y ACUERDO PARA AUTOADMINISTRACION DE MEDICAMENTOS EN LA ESCUELA

Nombre de estudiante:	Fecha de nacimiento:	Grado:	Escuela:
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Medicina _____ Dosis _____ Frecuencia _____

Por receta (**permiso del doctor es necesario**) Sin receta

A fin de que su niño pueda traer medicamentos auto-administrados en su persona, lo siguiente tiene que ser entendido y estar de acuerdo por los estudiantes y los padres:

El estudiante puede usar la medicina recetada y que es auto-administrada como sea necesaria y como haya sido instruido por su doctor. El medicamento debe llevar una etiqueta con el nombre del estudiante, nombre de la medicina, dosis, ruta y frecuencia de administración y cualquier otras instrucciones especiales incluyendo permiso del estudiante para auto administrarse la medicina. **La autorización debe de estar firmada y estar en el expediente en la escuela antes de que su niño empiece a traer la medicina auto-administrada en la escuela.**

Inhalador: Ninguna supervisión directa se llevara a cabo por los empleados de la escuela. El estudiante es responsable por autoadministrarse el inhalador. Si el estudiante continua teniendo dificultad para respirar, el/ella debe reportarse ala oficina y los padres serán notificados por los empleados apropiados de la escuela.

Auto-administración de emergencia de epinephrine: Ninguna supervisión directa se llevara a cabo por los empleados de la escuela. El estudiante es responsable de notificar a los empleados del al escuela en el evento de que el/ella haga tenido la necesidad de auto-administrarse la medicina de emergencia.

- Es la responsabilidad de los padres de notificar inmediatamente a la escuela si el estado de salud del niño cambia, o cuando ocurra un cambio de doctor y/o de medicina. Cambios del procedimiento deben ser recibidos por escrito del doctor autorizando el tratamiento. **Este acuerdo debe ser renovado al principio de cada año escolar o cuando ocurra algún cambio de medicina.**
- El distrito no es responsable de algún riesgo por el manejo inadecuado de esta medicina incluyendo uso excesivo, mala administración, rotura, robo, perdida, compartir, jugando con el medicamento o almacenamiento inadecuado del la medicamento.
- **Permiso para automedicarse puede ser revocado** si el estudiante viola la póliza que rige Administrar Medicinas no inyectadas y/o estos reglamentos. Además, el estudiante pude ser objeto de disciplina hasta e incluyendo la expulsión, como sea apropiado.

To be completed by the physician: The above named student has been instructed in the proper use of their asthma inhaler or medication. The child's wellbeing is in jeopardy unless this medication is carried on his/her person. Therefore, I request that he/she be permitted to carry the medication at school. He/she is capable to self-administering the medication, understands the purpose, appropriate method, and frequency of use of the medication/inhaler.

PHYSICIAN'S SIGNATURE _____ **DATE** _____

PRINTED/TYPED NAME OF PHYSICIAN _____

Para ser completado por el padre/guardián: Yo autorizo que my niño cargue el inhalador o medicamento mencionado arriba como fue ordenado por su doctor. Yo específicamente libro al distrito escolar y a todos los empleados de la escuela de todo y cualquier responsabilidad civil si mi niño sufre alguna reacción adversa como resultado de automedicarse el medicamento durante las horas de clases.

FIRMA DEL PADRE/GUARDIAN _____ **FECHA** _____

Para ser completado por el estudiante: Yo estoy de acuerdo en tomar mi medicamento como fue instruido por mi doctor. Yo entiendo que el usar mi medicamento en una manera que no fue indicada por mi doctor (por ejemplo compartir con otros estudiantes) puede resultar en acción disciplinaria por mi distrito escolar.

FIRMA DEL ESTUDIANTE _____ **FECHA** _____

Reviewed by principal _____ **Reviewed by school nurse** _____