



# SPECIAL SCHOOL DISTRICT HEALTH SERVICES

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## PERMISSION TO CARRY MEDICATION ON PERSON FOR SCHOOL PURPOSES

Student \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

I request that \_\_\_\_\_ be allowed to carry and self-administer his/her prescribed medication for school purposes. The student has been instructed in its proper use and informed of any possible side effects.

Name of Medication \_\_\_\_\_ Purpose \_\_\_\_\_

History of student experience with condition \_\_\_\_\_

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Dosage to be taken \_\_\_\_\_ Time to be taken \_\_\_\_\_

Starting date \_\_\_\_\_ Termination date \_\_\_\_\_

Possible side effects \_\_\_\_\_

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Authorized Prescriber Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: If this medication is an asthma inhaler or EpiPen, it is required that one back-up inhaler/EpiPen be kept in the school medicine cabinet. It will be used if the student should come to school without the inhaler/EpiPen, or if the one carried should malfunction or be depleted during the school day.

The district shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil and the parent/garden shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the self-administration of the medication by the pupil.

I request that my child be allowed to carry his/her own medication and self-administer as prescribed.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Principal \_\_\_\_\_ Date \_\_\_\_\_

School Nurse \_\_\_\_\_ Date \_\_\_\_\_

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**THIS FORM MAY ONLY BE USED FOR LIFE-THREATENING CONDITIONS;  
ASTHMA INHALERS OR EPIPENS FOR SEVERE ALLERGIC REACTIONS.  
(This is not intended to allow students to self-administer any other medications).**



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## CARRYING MEDICATION ON PERSON FOR SCHOOL PURPOSES

While it is general good practice for medication to be stored in the health office, there are times when, in the best interest of the student’s health, a medication should be carried and self-administered throughout the school day. Each situation must be evaluated individually. The Authorized Provider will, by written order, initiate the guidelines allowing the students to carry and self-administer the medication.

The Authorized Prescriber will provide written orders for the drug, frequency, dosage schedule and precautions. He/She will request in writing that the student be allowed to carry and self-administer the drug, and will verify that the student has been instructed in the medical necessity for it and how to use it properly.

The parent/guardian will request in writing that the student be allowed to carry and self-administer the medication for school purposes. (This relieves school personnel of the responsibility for administering this medication.)

The school nurse may conference with the parent/guardian and the student regarding the need for the medication, the expected results, and may evaluate the effectiveness of the drug.

The student will see the nurse if the desired effects are not obtained within the expected time frame. He/She will express understanding of safety factors and responsibility related to carrying medication. If the student is not complying with the Authorized Prescriber’s instructions or demonstrates lack of ability or understanding to use the medication, the school nurse will notify those involved to review the situation and make necessary changes.

The situation will be reevaluated anytime there are changes in the student’s condition and/or treatment plan, or anytime the student misuses the drug, or shows a lack of responsibility in handling the same. **The parent/guardian assumes responsibility to notify the school nurse of any changes in the student’s condition or treatment plan.**

The Authorized Prescriber, parent/guardian, building principal, and school nurse will sign the “Permission to Carry Medication on Person for School Purposes” form annually.

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