



Self-Administration Medication Form for Parent & Students

Dear Parent/Guardian:

CCA policy allows students to self-administer medications with school nurse and parent/guardian approval.* In order for your child to carry and administer his/her inhaler and/or epinephrine auto injector and/or insulin and/or other medication prescribed by a licensed physician, you must complete Part A of this form. Part B will be completed in the health office with your child. You may be present during the completion of part B of this form if you so desire. Your child must be able to answer the questions in Part B or he/she will not be permitted to carry or administer his/her own medication. This is for the safety of your child and others. This form must be completed IN ADDITION to the parent and prescriber's normal authorization form for administration of medication in school.

A. To be completed by the parent/guardian:

I request that my child _____ be permitted to carry on his/her person the _____ inhaler and/or _____ Epinephrine auto injector and/or _____ insulin and/or _____ medication (name) that has been prescribed.

My child has been instructed in and understands the purpose, appropriate method, frequency and use of his/her medication. My child understands that he/she is responsible and accountable for carrying and using his/her medication. My child understands that if he/she self administers this medication while at school that he/she will inform the school nurse or closest adult immediately. It is understood that if there is irresponsible behavior or safety risk, the privilege of carrying his/her medication will be rescinded.

I will support my child in following the agreement in Part B.

(Parent/Guardian Signature) (Date)

B. To be completed by the school nurse:

- | Yes | No | |
|-------|-------|---|
| _____ | _____ | Student is consistently able to : name the medication; identify the correct medication; explain the purpose of the medication; knows the correct dosage; explain when the medication is to be taken; describe what will happen if the medication is NOT taken |
| _____ | _____ | Student demonstrated the correct use/ administration. |
| _____ | _____ | Student realizes his/her responsibility in carrying his/her own medication(s). and agrees not to share the medication(s) with others. |
| _____ | _____ | Student agrees to notify the school nurse or closest adult immediately after self administering his/her medication during school hours or on school-sponsored trips. |
| _____ | _____ | Student agrees to keep medication log and come to the health office immediately with any question, concerns or adverse side effects. |

The student understands that the privilege of carrying and administering his/her own medication(s) will be rescinded if he/she does not follow the above agreement.

(Student Signature) (date) (School Nurse Signature) (date)

* Some students may require MD order to self administer medication(s).