

SELF-ADMINISTRATION OF ASTHMA MEDICATION AUTHORIZATION FORM

To be completed by Parent/Guardian:

Students Name _____ Birth Date _____

Address _____ School _____

Teacher _____ Grade _____ Home Ph # _____

MEDICATION _____ Emergency Ph # _____

As the parent or guardian of the above named student I acknowledge that Urbana School Dist.116 and its employees and agents are to incur no liability except for willful and wanton conduct as a result of any injury arising from the self-administration or carrying of asthma medication, by my child regardless of whether authorization was given by me, as the Parent/Guardian or by my child's physician, physician assistant, or advanced practice registered nurse. I indemnify and hold harmless the school district and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration or carrying of asthma medication by my child regardless of whether authorization was given by me, as the Parent/Guardian or by my child's physician, physician assistant, or advanced practice registered nurse.

Parent Signature: _____ Date: _____

PLEASE NOTE: For a rescue/reliever inhaler the Parent/Guardian may choose to provide the school with a current prescription label instead of a written doctor's order. The label must contain the name of the medication, the prescribed dosage, and the time at which or circumstances under which the medication is to be administered.

I CHOOSE TO SUBMIT A PRESCRIPTION LABEL: _____ Yes _____ No
(If you have chosen **NOT** to submit the prescription label, your child's healthcare provider must complete the area below)

**TO BE COMPLETED BY THE STUDENT'S PHYSICIAN, PHYSICIAN ASSISTANT OR
ADVANCED PRACTICE REGISTERED NURSE**

Medication _____ Dosage _____

Time to be administered _____ Side Effects _____

Effective Date: From: _____ To: _____

As a Healthcare Provider for the above named student, I certify that he/she has been instructed in the use and self-administration of the above named medication and the necessity to report to school personnel any unusual side effects. He/She is capable of using this medication independently.

Name of Physician, Physician Assistant or Advanced Practice Nurse

Signature

Date

SCHOOL SELF-ADMINISTRATION OF ASTHMA MEDICATION GUIDELINES

The parent/guardian may request that their child be permitted to self-administer and carry their asthma medication as long as certain conditions are met.

Parent help and consideration is essential in providing for the safety of all students attending school.

- 1) The medication must pertain to your child's asthma and be prescribed by a physician, physician assistant, or advance practice registered nurse.
- 2) A school self-administration of asthma medication authorization form **must** be signed by the parent/guardian.
- 3) If you are requesting that your child be allowed to carry and self administer their reliever/rescue inhaler, **a current prescription label may be submitted instead of a written order from your child's healthcare provider.** The prescription label **must** be current and contain the following information; name of the medication, the prescribed dosage, and the time at which or circumstances under which the medication is to be administered.
- 4) Parents are responsible for notifying the school of any changes in the medication, or in their child's condition.
- 5) It is recommended that you keep an additional dose of the asthma medication at school in case your child has misplaced or forgotten their medication.
- 6) The permission for self-administration of asthma medication is effective for **ONLY** the school year during which it is granted.
- 7) A student may possess his/her asthma medication while in school, at a school sponsored activity, while under the supervision of school personnel or before or after school care on school operated property.
- 8) You are responsible for reminding your child to make sure they have their asthma medication while attending any before or after school activities, and when leaving the school campus for any reason, including field trips.

Please contact the District Nurse Ph # 384-3564 if you have any questions.