



## Authorization for Self-Carry/Self-Administration of Medication

(for asthma inhaler or epinephrine autoinjector only)

### Student Information

Student Name:	Date of Birth:	Grade:
Student Address:	Phone:	Teacher:
<input type="checkbox"/> I plan to keep my inhaler and/or epinephrine autoinjector with me at school as ordered by my health provider. Location I will keep it: _____		
<input type="checkbox"/> I agree to use my inhaler and/or epinephrine autoinjector in a responsible manner.		
<input type="checkbox"/> I agree never to allow another person to use my inhaler and/or epinephrine autoinjector.		
For <u>asthma inhaler</u> : <input type="checkbox"/> I will notify the nurse/office immediately if I use my asthma inhaler and my symptoms do not improve.		
For <u>epinephrine autoinjector</u> : <input type="checkbox"/> I will notify the nurse/office immediately if I use my epinephrine autoinjector.		
<b>Student signature:</b>	Date:	

### Prescriber Authorization

<b>Name of medication:</b>		Diagnosis/purpose of medication:	
<b>Dosage:</b>	<b>Route:</b>	<b>Time:</b>	
Date to begin medication:		End date (if other than the end of the school year):	
Directions for use:			
<b>In my opinion, this student is capable of possessing and administering this medication appropriately.</b>			
<b>Prescriber Signature:</b>		Date:	Prescriber's phone & address:
<b>Prescriber Name (print)</b>			



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*(for asthma inhaler or epinephrine autoinjector only)*

- I agree to see that my child carries his or her prescribed medication and that the medication has not expired.
- I will submit a **new form** if there is **any change** in the medication order (e.g. dose or time).
- I authorize the nurse to speak with the prescriber or pharmacist should questions come up about the medication.
- I understand that a separate medication administration form must also be completed.
- I understand that the medication must be in the **original container** and be properly labeled with child's name.
- I understand that this contract is only for the current school year and that it may be revoked by the child's physician or the school if my child fails to meet the above safety contingencies.

***For asthma inhalers only:***

- It is recommended to have a second asthma inhaler in the nurse's office for emergencies.

***For epinephrine autoinjector only:***

- I understand that by law (ORC 3313.718) a second "back up" epinephrine autoinjector must be kept at the school in a designated location (e.g. the nurse's office, child's classroom or cafeteria).
- I authorize the nurse and the school board's designated employees to give the autoinjector in the event that my child is unable to self-administer the medication.

Parent/Guardian Signature:	Date:	Phone#:	Phone#:
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**Nurse at School**

- The above-named student has demonstrated the correct technique for self-administration of :
  - asthma inhaler     epinephrine autoinjector
- The student recognizes proper timing/symptoms which require the use of medication.
- The physician or nurse practitioner with prescriptive authority has completed the appropriate forms.
- School staff that has the need to know about this student's condition and the permission to self-carry/administer medication have been appropriately notified and trained per ORC 3313.713.
- The school reserves the right to withdraw the privilege of self-carry if the students shows signs of irresponsible behavior or if there is a safety risk. The school will contact the parent as soon as possible in this event.

Nurse Signature:	Date:
School Administrator Signature:	Date: