

Student's Name: _____ Grade: _____ Date of Birth: _____

**PHYSICIAN PERMISSION TO ADMINISTER MEDICATION
TO BE COMPLETED BY PHYSICIAN**

EMERGENCY PROCEDURES:

List the actions that are to be taken for an acute asthma episode:

1. _____
2. _____
3. _____

MEDICATION ORDER:

Name of medication _____

Dosage _____ Route _____ Time _____

Frequency _____ Indications for use _____

Side effects _____

Duration of order _____

List other medications child is on which may enhance, alter, or impact this medication _____

May be given before gym/exercise _____ YES _____ NO

May repeat medication after _____ minutes if no response to initial treatment _____ YES _____ NO

Physical activities restricted _____ YES _____ NO

May self-administer for asthma or another potentially life-threatening illness
under adult supervision _____ YES _____ NO

Is capable of and has been instructed in the proper method of self-administration
of medication _____ YES _____ NO

Physician/Health Care Provider's Signature/Stamp _____ Date _____

Please Print: Physician/Health Care Provider's Name, Address, and Phone Number _____

PARENT PERMISSION TO ADMINISTER MEDICATION

I request and grant permission for the school nurse to administer medication to my child, _____ as prescribed by his/her physician as indicated on this form and as per the policy of the Board of Education and State Law. I understand that medication is to be brought to school by myself and in the original prescription bottle/box labeled properly by the physician or pharmacist.

Parent's/Guardian's Signature _____ Date _____ Phone Number _____

PUPIL SELF ADMINISTRATION OF MEDICATION PERMISSION

The Board of Education shall permit self administration of medication for **asthma or other potentially life threatening illnesses** by pupils in grades 1 through 8, both on school premises during regular school hours and off site or after regular school hours when a pupil is participating in field trips or extracurricular activities and the school nurse and his/her designee is not present. Life threatening illness means an illness or condition that requires immediate response to specific symptoms or sequel that may indicate the potential loss of life. See Policy 5141.21

My child, _____ has my permission to administer his/her own medication _____ for **asthma or other potentially life-threatening illnesses** both on school premises during regular school hours and off site or after school hours when they are participating in field trips or extracurricular activities and the school nurse and his/her designee is not present. I acknowledge that the school shall incur no liability as a result of any injury arising from the self-administration of medication by my child and that I indemnify and hold harmless the school district and its employees or agents against any claims arising out of self-administration of medication by my child.

Parent's/Guardian's Signature _____ Date _____