

SELF-ADMINISTRATION BY STUDENT
ONLY FOR INHALERS AND EPI-PENS

Student's Name

Grade

For School Year

To Self medicate, the student must be able to: (Check all that apply)

- _____ 1. Respond to and visually recognize his/her name.
- _____ 2. Identify his/her medication.
- _____ 3. Demonstrate the proper technique for self-administering his/her medication.
- _____ 4. Sign his/her medication sheet to acknowledge having taken the medication.
- _____ 5. Demonstrate a cooperative attitude in all aspects of self-administration of medication.

Name of Medication

Dosage

Frequency

The above named student has demonstrated the ability to self-administer the physician-prescribed medication, as indicated by the criteria listed above.

Date

Signature of Certified School Nurse

As the parent/guardian of above named student, I relieve the school district and its employees of any responsibility for the benefits or consequences of the above listed medication when it is physician-prescribed and parent/guardian authorized. I further acknowledge that the school bears no responsibility for ensuring that the medication is taken. I am aware that any improper use/sharing of the above named medication will result in the immediate confiscation of the Inhaler or Epi-Pen and loss of privilege to self-administer if the medication policy is violated. I have also supplied the School Nurse with an Inhaler/Epi-Pen for my son/dgt.

Date

Parent/Guardian Signature

I agree to be solely responsible for my Inhaler/Epi-Pen and to follow the directions for its use as ordered by my physician, as well as the district's medication policy. I am aware that any abuse of this privilege will result in the confiscation of my Inhaler/Epi-Pen.

Date

Student's Signature