

USD #384
Blue Valley School District

PERMISSION FOR SELF-ADMINISTRATION OF PRESCRIBED MEDICATION

(please use a separate authorization form for each medication)

Medical Authorization of Self-administered Medication (IE: Inhalers, Epi-Pen, Insulin, etc.)

(For use by Licensed Prescriber only)

Name of Student _____

Teacher _____

Grade _____

Medication _____

Dosage _____

Time to be administered _____

Date medication must be administered at school:

_____ every day at school throughout current school year

_____ short term (list date to be given: _____ to _____)

_____ PRN

Date medication started _____ Diagnosis _____

Side Effects _____

_____ Student is both capable and responsible for self-administering this medication.

_____ Student may carry this medication.

SIGNATURE OF PRESCRIBER

DATE

Parental Authorization for Self-Medication

I am the lawful custodian of _____. I give my permission for him/her to take the following prescribed medication while at school. I certify that one dose of this medication has been given and did not suffer any adverse reactions to the medication. I understand that it is my responsibility to furnish this medication. I also understand that any designated school employee who administers this medication to my child in accordance with written instructions from the prescribing health care provider shall not be liable for damages as a result of an adverse drug reaction suffered by my child and/or due to a mislabeled or altered product. I hereby authorize USD #384 School Nurse to exchange information regarding this request with the health care provider and/or the pharmacy as identified on the affixed pharmacy label as necessary.

Signature of Parent/Guardian

Daytime Phone

Date

ADDITIONAL INFORMATION

The school district medication policy complies with state regulations. This form must be signed by a physician or other licensed prescriber and parent/guardian. This form must be received by the school office before any medication can be administered at school. **The medication must be in the original appropriately labeled container.**

SELF-ADMINISTRATION MEDICATION DOES NOT INCLUDE CONTROLLED SUBSTANCES SUCH AS RITALIN, ADDERALL, CONCERTA, ETC. OR OVER-THE-COUNTER MEDICATIONS. SELF- ADMINISTRATION MEDICATION FORMS MUST BE KEPT ON FILE IN THE SCHOOL OFFICE. A NEW CONSENT FORM IS REQUIRED EACH SCHOOL YEAR .