

Oxford Area School District

Authorization for Self-Carry/Administration of Inhaler or Emergency Medication

PRESCRIBING HEALTH CARE PROVIDER ORDER

Name of Student \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_  
Address \_\_\_\_\_ Grade \_\_\_\_\_  
Allergies \_\_\_\_\_  
Condition for which medication is administered \_\_\_\_\_  
Name of medication, dose and method administered \_\_\_\_\_  
Time or indication for administration \_\_\_\_\_  
Side effects to be noted/reported \_\_\_\_\_  
Instructions that school personnel should follow if the medication does not produce expected relief \_\_\_\_\_  
Other recommendations \_\_\_\_\_  
Duration (dates) of administration: From \_\_\_\_\_ To \_\_\_\_\_ (Limit of one school year)  
Severe reactions that may occur to another student for whom the medication is not prescribed, should he/she receive a dose of the medication \_\_\_\_\_

IN MY OPINION, THIS STUDENT SHOWS THE CAPABILITY TO CARRY AND/OR SELF-ADMINISTER THE ABOVE MEDICATION.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_  
Health Care Provider

PARENT/GUARDIAN AUTHORIZATION

I request that my child, named above, be permitted to carry/self-administer the above ordered medication. I take responsibility for this permission.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone Numbers (home and work) \_\_\_\_\_

STUDENT CONTRACT

Responsibilities for Carrying Inhaler/Emergency Medication

Observed

Yes No

\_\_\_\_ Demonstrates correct use/administration  
\_\_\_\_ Recognizes proper and prescribed timing for medication  
\_\_\_\_ Does not share medication with others  
\_\_\_\_ Keeps medication in agreed location \_\_\_\_\_  
\_\_\_\_ Agrees to come to the building clinic after using inhaler/emergency medication for evaluation

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

We accept the parent/guardian request and health care provider statement. We will permit and assist the student to be responsible, but reserve the right to withdraw the privilege if the student shows signs of irresponsible behavior or if there is a safety risk. We will contact the parent/guardian as soon as possible in this event.

Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_ Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

Policy 5610

Procedures

Revised: 2/1/00;6/18/07;9/22/08;6/21/11