

MEDICATION: ADMINISTERING TO STUDENTS

AUTHORIZATION

Name _____ Grade _____

Teacher _____ School _____

Time to be administered _____ a.m. _____ p.m.

Date from _____ to _____

TO PARENT/GUARDIAN/INDIVIDUAL ASSUMING PERMANENT CARE AND CUSTODY: Is the medication that you wish administered to your child prescription medicine? _____. If so, please provide the name of the medical doctor who prescribed the medication. _____

Is the child's disability or illness such that the medication must be self-administered by the child (asthma, etc.)? _____. If so, the student's medical doctor should include a statement to that effect in the child's prescription. The parent or guardian must provide a written statement from the physician treating the student that the student has asthma and is capable of, and has been instructed in the proper method of, self-administration of medication.

Prescription medication must be furnished by the parent or guardian with the original label prepared and attached by a pharmacist. The label must reflect the name, strength, and dosage of the medication and whether or not the medication may be self-administered by a minor. Non-prescription medication must be in the original container that must reflect the name and strength of the medication.

This form must be signed by the parent/guardian of the child named herein. The signature of the prescribing physician may be required at the discretion of the medication administrator.

STUDENT SELF-ADMINISTRATION OF INHALED ASTHMA MEDICATION, ANAPHYLAXIS MEDICATION OR PANCREATIC ENZYMES

Pursuant to 70 O.S. § 1-116.3, the Board of Education of the Gore School District permits students to self-administer inhaled asthma medication, anaphylaxis medication or pancreatic enzymes in accordance with the following conditions and guidelines:

Definitions:

1. "Medication" means a metered dose inhaler or a dry powder inhaler to alleviate asthmatic symptoms, prescribed by a physician and having an individual label; or an anaphylaxis medication used to treat anaphylaxis, including but not limited to epinephrine injectors, prescribed by a physician and having an individual label. Pancreatic enzymes used to treat cystic fibrosis, prescribed by a physician and having an individual label.

2. “Self-administration” means a student’s use of medication pursuant to prescription or written direction from a physician.

Requirements for Parents and Students:

1. Permission granted by this policy for self-administration of inhaled asthma medication, anaphylaxis medication or pancreatic enzymes is effective only for the school year in which it is granted. Permission shall be renewed each subsequent school year only upon fulfillment of the requirements of this policy.
2. The parent or legal guardian of the student must authorize in writing permission for the student’s self-administration of inhaled asthma medication, anaphylaxis medication or pancreatic enzymes. Such written permission shall include the following:
 - a. Permission statement authorizing the student to self-administer inhaled asthma medication, anaphylaxis medication or pancreatic enzymes.
 - b. A written statement from the student’s physician stating that the student has asthma, anaphylaxis or cystic fibrosis and is capable of, and has been instructed in, the proper method of self-administration of the medication.
 - c. Acknowledgement from the student’s parent or legal guardian that the District and its employees and agents shall incur no liability as a result of any injury arising from the student’s self-administration of asthma medication, anaphylaxis medication or pancreatic enzymes and acknowledgement that the District has provided this information in writing to the parent or legal guardian.
3. Prior to the District granting permission for the student to self-administer inhaled asthma medication, anaphylaxis medication or pancreatic enzymes, the parent or legal guardian of the student is required to provide the school an emergency supply of the student’s medication to be administered in accordance with the provisions of District Policy 720, *Dispensing Medications*. The parent or legal guardian shall agree in writing to the conditions and regulations set forth in that Policy.

A student who has been granted permission by the District to self-administer inhaled asthma medication, anaphylaxis medication or pancreatic enzymes pursuant to this Policy shall be permitted to possess and use a prescribed inhaler, anaphylaxis medication or pancreatic enzymes, including but not limited to an epinephrine injector, at all times.

Signature of Parent/Guardian/Individual Assuming
Permanent Care and Custody

Date

Physician’s Signature
(required for self-administration of medication)

Date