

Dekalb County Eastern CSD

AUTHORIZATION FOR SELF-CARRY/ADMINISTRATION OF MEDICATION

2011-2012

TO BE COMPLETED AND SIGNED BY A PHYSICIAN YEARLY

Student Name _____ D.O.B. _____

School _____ Grade _____

Physical condition(s) for which treatment is to be given _____

Treatment required _____

Inhaler name _____ EpiPen ® _____ EpiPen Jr. ® _____ TwinJect ® _____

Directions for use of above: _____

Self-Administration of _____ Medication _____ Inhaler _____ EpiPen ® _____ TwinJect ®

Check the following:

- ____ Yes Child received training in the proper use of the medication/inhaler/EpiPen®/TwinJect®.
- ____ Yes Child demonstrates the proper technique while using the inhaler/EpiPen®/Twinject®.
- ____ Yes The child recognizes proper and prescribed timing for medication.
- ____ Yes The child does not share medication with others.
- ____ Yes The child agrees to come to the clinic after using inhaler/emergency medications for evaluation.
- ____ Yes I request that the child carry and self-administer the above named medication during school hours and at school activities.

Precautions/possible untoward reactions and recommended interventions (use reverse if needed).

____ The parent/guardian will supply additional medication to be kept in the school clinic in case the child fails to have the medication with him/her.

____ In my opinion, this student shows capability to carry and self-administer the above medication.

The school nurse will accept the parent request and physician statement. He/She will permit and assist the student to be responsible, but reserve the right to withdraw privilege if the student shows signs of irresponsible behavior, or if there is a safety risk. The school nurse will contact the parent as soon as possible in this event. The Dekalb County Eastern CSD and its employees are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the student outside of the supervision of the RN.

Physician Signature _____ Telephone _____

Printed Name _____ Date _____

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____