PINK FORM (TWO SIDES)

Self Administration of Asthma and/or Epinephrine Auto Injector Medication Policy

This policy will allow students to self-administer prescribed asthma and/or epinephrine auto injector medication. The asthma and/or epinephrine auto injector medication must be prescribed by a licensed prescriber which includes a physician, physician assistant or advanced practice nurse.

Procedure for Self Administration of Asthma and/or Epinephrine Auto Injector Medication

A. A written order for the medication must be obtained from the licensed prescriber. The order must include:

1. Student's name
2. Date of birth
3. ~~Licensed Prescirber's signature and date~~
4. Licensed Prescriber's phone and emergency number
5. Name of medication-dosage, route of administration, frequency and time of administration
6. Diagnosis requiring medication
7. Date of request
8. Discontinuation date
9. Possible side effects
10. Other medications student is receiving

B. The inhaler and/or epinephrine auto injector must be brought to the school properly labeled by the pharmacist or licensed prescriber.

The label will include:

a. Student's name
b. Prescription number
c. Medication name and dosage
d. Directions for administration
e. Date and refill
f. Licensed Prescriber's name
g. Pharmacy name, address and phone number
h. Name or Initials of Pharmacist

C. The parent or legal guardian will provide written authorization for the self-administration of medication. It is the parent/guardian's responsibility to assure that the completed medication form is on file with the school nurse.

D. The permission for self-administration of medication is effective for the school year for which it is granted and shall be renewed each school year.

E. The parent or legal guardian of the student must sign a statement acknowledging that the school district or it's employees is to incur no liability as a result of any injury or claim arising from the self-administration of asthma and/or epinephrine auto injector medication by the pupil.

PINK FORM (TWO SIDES)

DANVILLE SCHOOL DISTRICT #118

REQUEST FOR SELF ADMINISTRATION OF ASTHMA MEDICATION

REQUEST FOR SELF ADMINISTRATION OF ALLERGY MEDICATION (EPINEPHRINE AUTO-INJECTOR)

Part 1 – To be completed by a Physician licensed to practice medicine in all branches, Physician Assistant or Advanced Practice Registered Nurse

Name of Student: ________________________ Birthdate: ____________

1. Name of Medication: ________________________
   - A. Dosage ________________________
   - B. Route of Administration ________________________
   - C. Frequency & time of administration ________________________
2. Diagnosis: ________________________
3. Other medications student is receiving: ________________________

   ____
4. Possible side effects: ________________________
5. Start Date: ____________ Stop Date: ____________
6. I, ________________________, have inserviced the above named student regarding the prescribed inhaler or the epinephrine auto-injector and its proper use. I am requesting that he/she be allowed to carry the inhaler or the epinephrine auto-injector on his/her person and assume full responsibility for its use during school hours and extracurricular activities.

Licensed Prescriber (print) ________________________

Signature of Licensed Prescriber : ________________________

Address: ________________________

____

Telephone: ____________ Date: ____________

****

Part 2 – To be completed by the Parent or Legal Guardian

I, ________________________, request and give permission for my son/daughter to carry the prescribed inhaler or epinephrine auto-injector on his/her person. I accept full responsibility for my child's ability to properly use the inhaler or epinephrine auto-injector. I hereby release Danville District #118 and its employees from any responsibility to the use/misuse of the inhaler or epinephrine auto-injector by my son/daughter. I will obtain a new doctor's order if there is a change in the prescribed inhaler or epinephrine auto-injector.

Date: ____________ Parent/Legal Guardian: ________________________

Address: ________________________

____

Telephone (Home) ________________________

(Work) ________________________