AUTHORIZATION ASTHMA, AIRWAY CONSTRICTING, OR RESPIRATORY DISTRESS MEDICATION SELF-ADMINISTRATION CONSENT FORM

_____	___/___/___	_____	___/___/___
Student's Name (Last), (First) (Middle)	Birthday	School	Date

In accordance with applicable laws, students with asthma, airway constricting diseases, respiratory distress or students at risk of anaphylaxis who use epinephrine delivery system may self-administer their medication upon the written approval of the student's parents and prescribing licensed health care professional regardless of competency. The following must occur for a student to self-administer medication for asthma medication, bronchodilator canisters or spacers, other airway constricting disease medication or to self-administer an epinephrine delivery system:

- Parent/guardian provides signed, dated authorization for student medication self-administration.
- Parent/guardian provides signed, dated authorization from the student's licensed health care professional (person licensed under chapter 148 to practice medicine and surgery or osteopathic medicine and surgery, an advanced registered nurse practitioner licensed under chapter 152 or 152E and registered with the board of nursing, or a physician assistant licensed to practice under the supervision of a physician as authorized in chapters 147 and 148C containing the following:
    - Name and purpose of the medication,
    - prescribed dosage,
    - times or special circumstances under which the prescribed medication is to be administered.
- The medication is in the original, labeled container as dispensed or the manufacturer's labeled container containing the student name, name of the medication, directions for use, and date.
- Authorization is renewed annually. In addition, if any changes occur in the medication, dosage or time of administration, the parent is to notify school officials immediately. The authorization shall be reviewed as soon as practical.

Provided the above requirements are fulfilled, the school shall permit the self-admiration of the prescribed medication by a student while in school, at school-sponsored activities, under the supervision of school personnel, and before or after normal school activities, such as while in before-school or after-school care on school-operated property. If the student abuses the self-administration policy, the ability to self-administer may be withdrawn by the school or discipline may be imposed, after notification is provided to the student's parent.

Pursuant to state law, the school district or its employees are to incur no liability, except for gross negligence, as a result of any injury arising from self-administration of medication or use of an epinephrine delivery system by the student The parent or guardian of the student shall sign a statement acknowledging that the school district is to incur no liability, except for gross negligence, as a result of self-administration of medication or use of an epinephrine delivery system by the student by the student as provided by law.

AUTHORIZATION-ASTHMA OR AIRWAY CONSTRICTING MEDICATION
SELF-ADMINISTRATION CONSENT FORM

Medication _____ Dosage _____ Route _____ Time _____

Purpose of Medication & Administration /Instructions

Special Circumstances

Discontinue/Re-Evaluate/
Follow-up Date ____/____/____

Prescriber's Signature

Date ____/____/____

Prescriber's Address

Emergency Phone

- I request the above-named student possess and self-administer asthma, medication, bronchodilator canisters or spacers or other airway constricting disease medication(s) and/or an epinephrine delivery system at school and in school activities according to the authorization and instructions.
- I understand the school district and its employees acting reasonably and in good faith shall incur no liability for any improper use of medication or an epinephrine delivery system or for supervising, monitoring, or interfering with a student's self-administration of medication or an epinephrine delivery system. I acknowledge that the school district is to incur no liability, except for gross negligence, as a result of self-administration of medication or use of an epinephrine delivery system by the student.
- I agree to coordinate and work with school personnel and notify them when questions arise or relevant conditions change.
- I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment.
- I agree the information is shared with school personnel in accordance with the Family Education Rights and Privacy Act (FERPA).
- I agree to provide the school with back-up medication approved in this form.
- Student maintains self-administration record.

Parent/Guardian Signature
(agreed to above statement)

Date ____/____/____

Parent/Guardian Address

Home Phone

Business Phone

Self-Administration Authorization Additional Information