

CONSENT TO CARRY AND SELF-ADMINISTER MEDICATION

Please complete this form if you are requesting that your child be allowed to carry and self-administer a medication to be used in the event of a life-threatening situation during the school day (such as asthma medication). This request is subject to and contingent upon School Administrative approval. Medication orders from the child's parent who is a licensed health care provider will not be accepted.

LICENSED HEALTH CARE PROVIDER SECTION: See other side of this form for more information.

STUDENT'S NAME: _____ **GRADE:** _____

Medication: _____ Dosage/Route: _____

Time(s) of day: _____ Start date: _____ End date: _____

Reason for Medication/Diagnosis: _____

History of student's experience with condition: _____

Side Effects/ Special Instructions: _____

I request that the above named student be allowed to carry and self-administer the prescribed medication in the event of a life-threatening situation. I certify that the student is capable of self-administering the medication, has been instructed in the proper use of the medication, proper method of self-administration, the dangers of permitting other persons to use this medicine prescribed for the student and has been informed of any possible side effects of the medication.

PRINT Health Care Provider Name

Health Care Provider Signature

Date

Health Care Provider Phone Number

PARENT SECTION: See other side of this form for more information.

It is required that a back-up supply of the above noted medication be kept in the School office. If this medication is an inhaler, one back-up inhaler and one spacer is required. The back-up supply will be used if the student should come to school without the medication, or if the one carried should malfunction or be depleted. In the event that my child is unable to self-administer the medication, I understand that designated School staff or emergency personnel will administer the medication.

I acknowledge that I have reviewed and am familiar with the School Medication Policy. I request that my child be allowed to carry and self-administer the above prescribed medication. By making this request, I understand that the School and its employees shall incur no liability as a result of any injury arising out of my child carrying and self-administering the medication. I shall indemnify and hold harmless the School and its employees against all claims arising out of my child being allowed to carry and self-administer the medication. I understand that my child's health care provider and I will be required to complete an **Action Plan** which details pertinent information about my child's condition and steps to be taken in the event of an emergency.

Parent/guardian Signature

Date

Parent/Guardian Phone Number

Over 

SIDE TWO

While it is good practice for medication to be stored in the School Office and administered by designated School Staff, there are times when, in the best interest of the student's health, a medication should be carried and self-administered by the child during the school day. Each situation must be evaluated individually. Missouri Revised Statutes Chapter 167, Section 167.627 sets the standards which must be met regarding self-administration of medication by a student. The School Medication Policy and subsequent Consent to Carry and Self-Administer Medication form follows this Statute. The guidelines for allowing a child to carry and self-administer medication during the school day are outlined below.

1. The child's licensed health care provider will complete and sign the Licensed Health Care Provider Section of the Consent to Carry and Self-Administer Medication form.
2. The parent of the child will complete the Parent Section of the Consent to Carry and Self-Administer Medication form.
3. The Consent to Carry and Self-Administer Medication form will be submitted to the School Administration.
4. An Action Plan will be sent to the parent for completion by the parent and the child's health care provider. An Action Plan provides more detailed information about the child's condition and needs, including steps to be taken in the event of an emergency. The completed Plan is to be returned to the School Administration.
5. The School Staff may conference with the parent, child's licensed health care provider, and/or student regarding the information submitted.
6. The School Administration will review the information submitted, may consult with the appropriate School Staff and consider the request. Parents will be notified of the decision.
7. If the request is approved, the student must report to the School Office immediately if he/she has needed to use the medication during the school day and if the desired effects are not obtained within the expected time frame.
8. The situation will be re-evaluated anytime there are changes in the student's condition and/or treatment plan or if there are concerns with the student's ability to safely carry and self-administer the medication. Parents are to keep the School informed of changes in the child's condition and/or treatment plan.