



BOONE COMMUNITY SCHOOL DISTRICT

Promoting a culture of safety, respect, and collaboration

Consent Form for Self-Administration of Medication for Asthma or Airway Constricting Disease

In order for a student to self-administer medication for asthma or any airway constricting disease"

- Parent/guardian provides signed, dated authorization for student self-administration.
- Physician, Physician's Assistant, Advanced Registered Nurse Practitioner, or other person licensed or registered to prescribe medication in the course of one's practice provides written authorization containing:
 - purpose of the medication,
 - prescribed dosage,
 - times or special circumstances under which the 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. 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, a student with asthma or other airway constricting disease may possess and use the student's medication 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 If the student abuses the self-administration policy, the ability to self-administer may be withdrawn by the school or discipline may be imposed.

Pursuant to state law, the school district or accredited nonpublic school and its employees are to incur no liability, except for gross negligence, as a result of any injury arising from self-administration of medication by the student. The parent or guardian of the student shall sign a statement acknowledging that the school district or nonpublic school is to incur no liability, except for gross negligence, as a result of self-administration of medication by the student as established Iowa Code § 280.16.

Student's Name (Last, First, MI)	Date of Birth	School	Date
Medication	Dosage	Route	Time
Purpose of Medication and Administration Instructions			
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Special Circumstances			Discontinue/Re-evaluate
Prescriber's signature			Date
Prescriber's address			Emergency Phone

I request the above named student possess and self-administer asthma or other airway constructing disease medication(s) 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 for supervising, monitoring, or interfering with a student's self-administration of medication.
- 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 (FERPA).
- I agree to provide the school with back-up medication approved in this form.
- Student maintains self-administration record. (Recommended but not required)

_____ Parent/Guardian signature		_____ Date	
_____ Parent/Guardian Address	_____ Home Phone	_____ Day Phone	_____ Emergency Phone
Self-Administration Authorization Additional Information			

