CENTRAL COMMUNITY SCHOOL - Elkader, Iowa

AUTHORIZATION FOR STUDENTS TO SELF-CARRY and/or ADMINISTER OWN MEDICINE AT SCHOOL AND AFTER-SCHOOL ACTIVITIES

Board of Education policy permits a responsible, trained student to carry and/or self-administer medication with written order of physician, parent request, school nurse and principal approval. **Iowa State Code 280.16 requires the following information for all students carrying asthma inhalers and/or airway medications.**

PHYSICIAN/PRESCRIBING HEALTH CARE PROVIDER ORDER

Name of Student________________________________BirthDate___________Grade___

____
Condition for which the medication is administered

____ ___________
Name of Medication Dose

___________________________________ _______________________________
Method of Administration Time or indication for administration

Is this a controlled drug?________ Yes ________ No

Side effects to be noted /reported____

Other recommendations____

Duration (dates) of administration: From __________ To __________
(Limit of one school year)

___________________________________ ___________________________________
PHYSICIAN SIGNATURE **PRINT NAME**

___________________________________ ___________________________
PHONE # **DATE**

Parent/Guardian Authorization

I request that my child, named above, be permitted to carry and self-administer the above ordered medication. I understand that the school district and its employees are to incur no liability, except for gross negligence, as a result of any injury arising from self-administration of this medication by the student. I understand the medication must be in the original pharmacy container and properly labeled.

___________________________ __________ ______________ ____________
Parent Signature Date Home phone Work phone

___________________________________ ___________________________________
School Nurse Signature Date Principal Signature Date