

Code No. 507.2E1 AUTHORIZATION FOR STUDENT TO SELF CARRY 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 and/or airway medications.**

PHYSICIAN/PRESCRIBING HEALTH CARE PROVIDER ORDER

Name of Student _____ Birth Date _____ 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 _____

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