



New Town Public School  
Home of the Eagles  
New Town, ND

## EMERGENCY MEDICATION CHECK-IN FORM

*NOTE: To be completed by an eligible school medication provider prior to authorizing a student to self-administer emergency medication under NDCC 15.1-19-16. If all check-in requirements are satisfied, issue the student a medication pass (ACBD-E5). If are check-in requirements are not satisfied, require student to receive parental supervised alternative education until parent/guardian provides required documentation for emergency medication.*

Student's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Grade level: \_\_\_\_\_

Today's date: \_\_\_\_\_

### Definition of Emergency Medication

Emergency medication includes a prescription drug delivered by inhalation to alleviate asthmatic symptoms and an epinephrine auto injectable pen.

### Authorization Requirements

A student who has been diagnosed with asthma or anaphylaxis may possess and self-administer emergency medication for the treatment of such conditions provided the student's parent/guardian files with the school a document that meets **all** of the following requirements:

- Indicates that the student has been instructed in the self-administration of emergency medication for the treatment of asthma or anaphylaxis  
Documentation received by school: ☐ Yes ☐ No
- Lists the name, dosage, and frequency of all medication prescribed to the student for use in the treatment of the student's asthma or anaphylaxis  
Documentation received by school: ☐ Yes ☐ No
- Includes guidelines for the treatment of the student in the case of an asthmatic episode or anaphylaxis.  
Documentation received by school: ☐ Yes ☐ No
- Signed by the student's health care provider  
Documentation received by school: ☐ Yes ☐ No

**To be completed by the student's parent/guardian:**

I understand the school, school district, and any employee or volunteer of the District is not liable for civil damages incurred by:

- a. A student who administers emergency medication to himself or herself.
- b. An individual because a student was permitted to possess emergency medication.

---

Parent/Guardian's Name (Printed)

---

Parent/Guardian's Signature

Date

**To be completed by an authorized school medication provider:**

I certify that the student's parent/guardian has submitted all documentation required for the student to self-administer emergency medication, and the student has been issued a medication pass (ACBD-E5).

---

Name of School Medication Provider (Printed)

---

Signature of School Medication Provider

---

Date