

Avon Grove High School
Authorization for Self-Carry/Administration of Asthma Inhaler or Epinephrine Auto-Injector

PRESCRIBING HEALTH CARE PROVIDER ORDER (Must be filled out completely.)

Student Name _____ DOB _____ School _____

Address _____ Grade _____

Condition for which the medication is administered _____

Name of medication, dose and method administered _____

Time or indication for administration _____

Side effects to be noted/reported _____

Instructions that school personnel should follow if the medication does not produce expected relief _____

Other recommendations _____

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

Severe reactions that may occur to another student for whom the medication is not prescribed, should he/she receive a dose of the medication _____

IN MY OPINION, THIS STUDENT SHOWS CAPABILITY TO CARRY AND SELF-ADMINISTER THE ABOVE MEDICATION.

Physician Signature Print Name Telephone Date

PARENT/GUARDIAN AUTHORIZATION

I request that my child, named above, be permitted to carry/self-administer the above ordered medication. I take responsibility for this permission. I understand that the Avon Grove School District is not responsible for ensuring the medication is taken and I relieve the Avon Grove School District and its employees of responsibility for the benefits and consequences of the prescribed medication.

Parent/Guardian Signature Telephone Number Date

STUDENT CONTRACT

Responsibilities for carrying Inhaler or Epi-pen

Observed

Yes No

- | | | |
|------|------|--|
| ____ | ____ | Demonstrates correct use/administration |
| ____ | ____ | Recognizes proper and prescribed timing for medication |
| ____ | ____ | Does not share medication with others |
| ____ | ____ | Keeps medication in agreed location _____ |
| ____ | ____ | Agrees to come to the health room for evaluation after using inhaler/epi-pen |

Student Signature Date

We accept the parent request and physician statement. We will permit and assist the student to be responsible, but reserve the right to withdraw the privilege if the student shows signs of irresponsible behavior or there is a safety risk. We will contact the parent as soon as possible in this event.

School Nurse Signature Date