



Self-Carry and Self-Administration of Emergency Medications



This form must be completed in full and returned to the school in order for a student to self-carry and/or self-administer their prescribed emergency medication (epinephrine auto injector or rescue inhalers or glucagon).

Name of Student: _____ Birthdate: _____

School: _____ Homeroom: _____

Student's Diagnosis: _____

Emergency Medication: (Circle) Epinephrine Auto Injector OR Albuterol Rescue Inhaler OR Glucagon

Dose: _____ Route: _____ Time/Frequency: _____

The above-named student is able to self-administer and/or self-carry their prescribed emergency medication. They are knowledgeable of the identification, purpose, dosage, side effects, and administration of their prescribed emergency medication.

The above-named student is able to identify specific symptoms and needs for their emergency medication. They understand how to access assistance for self in an emergency. They understand the responsibilities for transporting and carrying medication.

Physician's Signature: _____ Date: _____

Physician's Name: _____ Physician's phone: _____

NPI# _____

Below to be completed by parent or guardian.

STATEMENT OF PARENT/GUARDIAN:

As parent or guardian of the above-named student, I consent to the self-administration and self-carry of their prescribed emergency medication. I consent to the release of medication information by and to my child's physician as needed. A student who carries and self-administers emergency medications under these provisions may possess and use such medication as prescribed: while in school; at a school-sponsored activity; while under the supervision of school personnel; or while in before-school or after-school care on school operated property. Students authorized to self-administer such medications shall be instructed not to permit any other student to handle, possess, or otherwise attempt to use his/her medication and shall be informed that violations of such instructions will be subject to disciplinary action.

I release the Houston County School District and its employees and agents from civil liability if the self-administering student suffers an adverse reaction as a result of self-administering his or her prescribed emergency medication.

Signature of Parent/Guardian

Date

Phone Number

School Nurse Signature: _____ Date: _____