

## Student Self Administration of Medications for Eligible Students in Grades K-12

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### Overview:

Self-administration of medication is allowed for eligible students in grades K-12. As used in this policy **medication is defined as a medicine for the treatment of anaphylaxis or asthma including, but not limited to any medicine defined in current federal regulation as an inhaled bronchodilator or auto-injectible epinephrine.**

Self-administration is defined as the student's discretionary use of an approved medication for which the student has a prescription or written direction from a health care provider. *As used in this policy health care provider must be a physician licensed to practice medicine and surgery; or advanced registered nurse practitioner, or a licensed physician assistant who has authority to prescribe drugs under the supervision of a responsible physician.*

### Requirements:

An eligible student shall meet all of the following requirements:

1. Medication must be accompanied by a written statement from student's health care provider stating
  - a Name and purpose of the medication(s);
  - b Prescribed dosage;
  - c When the medication is to be regularly administered;
  - d Any additional special circumstances under which the medication is to be administered.
  - e The length of time for which the medication is prescribed;
2. The student shall also demonstrate to the health care provider or the provider's designee and the school nurse or the nurse's designee the skill level necessary to use the medication and any device that is necessary to administer the medication as prescribed. In the absence of a school nurse, the school shall designate a person trained to witness the demonstration.

### Physician Authorization Requirements:

The health care provider shall prepare a written treatment plan for managing the student's asthma or anaphylaxis episodes and for medication use by the student during school hours. The student's parent or guardian shall **annually** complete and submit to the school any written documentation required by the school, including the treatment plan prepared by the student's health care provider. Permission forms shall be updated during enrollment or upon request.

### Employee Immunity & Waiver of Liability:

All school personnel responsible for the student's supervision shall be notified that permission to carry medications and self-administer has been granted. The school district shall provide written notification to the parent or guardian of a student that the school district and its officers, employees and agents are not liable for damage, injury or death resulting directly or indirectly from the self-administration of medication.

The student's parent or guardian shall sign a statement acknowledging that the school district and its officers, employees or agents incur no liability for damage, injury or death resulting directly or indirectly from the self-administration of medication and agreeing to release, indemnify and hold the schools and its officers, employees and agents, harmless from and against any claims relating to the self administration of medication allowed by this policy.

### Additional Requirements:

1. The school district shall require that any back-up medication provided by the student's parent or guardian be kept at the student's school in a location to which the student has immediate access if there is an asthma or anaphylaxis emergency;
2. The school district shall require that all necessary and pertinent information be kept on file at the student's school in a location easily accessible if there is an asthma or anaphylaxis emergency;
3. Eligible students shall be allowed to possess and use approved medications at any place where the student is subject to the jurisdiction or supervision of the school district, its officers, employees or agents;
4. The board may adopt policy or handbook language which imposes additional requirements relating to the self-administration of medication allowed for in this policy and may establish a procedure for, and the conditions under which, the authorization for student self-administration of medication may be revoked.

**Permission for Self-Administration of Medication**

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COMPLETED by **PARENT / GUARDIAN**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Teacher (elementary): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

*I hereby give my permission for (name of student) to administer the above medication at school as ordered. I understand that it is my responsibility to furnish this medication. I acknowledge that the school incurs no liability for any injury resulting from the self-administration of medication and agree to indemnify and hold the school, and its employees and agents, harmless against any claims relating to the self-administration of such medication.*

**My student has been instructed on self-administration of the listed medication(s) and is authorized to do so in school. I understand parental permission must be renewed annually.**

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**Parent/Guardian Signature (Required)**

**Date**

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COMPLETED by **HEALTH CARE PROVIDER:**

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Date of Initial Dosage: \_\_\_\_\_

Anticipated duration of Rx at school:  School Year  Other: \_\_\_\_\_

**Conditions under which the medication should be given:**

Symptoms of severe allergic reaction, including (list please):

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Asthma symptoms including:

Wheezing

Shortness of breath

Pre-Treatment before activity

Coughing

Chest tightness

Other: \_\_\_\_\_

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Any **additional** circumstances under which the medication is to be given (be specific):

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*I authorize the self-administration of the medication(s) by the student listed above. This student has demonstrated competency in self-monitoring and self-administration of this medication. The parent is aware that they cannot hold the school district responsible for any adverse outcome related to self-monitoring and self-administration.*

PRINTED name of prescribing physician: \_\_\_\_\_

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**Health Care Provider Signature (REQUIRED)**

**Date**

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