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SELF-CARRY/ADMINISTRATION OF EMERGENCY ANAPHYLACTIC MEDICATION

When a prescribing health professional, parent/guardian, student and school nurse agree that self-carry/administration of medication is appropriate for an individual student the procedure must be done safely, carefully and accurately. A written order by a prescribing health professional and written authorization by the parent/guardian must be provided to the school. The medication must be brought to school in a container appropriately labeled by a pharmacist or the prescribing health professional. A written health care plan for the student must be developed by the school nurse. A student who has demonstrated competencies noted on his/her Individual Health Plan may then be allowed to self-carry/administer medication if he/she signs the agreement on the back of this form.

This form must be completed by the prescribing health professional and parent/guardian and returned to the school nurse. Orders must be renewed annually at the start of the school year or whenever medication, dosage, or administration changes.

PHYSICIAN/LICENSED PRESCRIBER'S AUTHORIZATION TO SELF-CARRY/ADMINISTER (OPTIONAL)

I certify that _____ is capable of self-administering the following medication:

Medication_____ Dose_____ Route _____

per their Anaphylaxis Action Plan for treatment of _____.

Comments:_____

Signature of Prescribing Health Provider_____

Printed Name_____ Clinic_____ Date_____

PARENT/LEGAL GUARDIAN'S REQUEST AND AUTHORIZATION FOR SELF-CARRY/ADMINISTER

I request and authorize my child _____ to carry and/or self-administer
(circle one or both)

their medication_____.
(name of medication)

This authorization is given based on the following:

- My child is capable of and has been instructed in the proper method of self-administration of this medication.
- I understand that my child shall be permitted to carry, at all times, their medication as long as they do not endanger him/herself or other persons, and will not misuse the medication.
- I understand that if my child misuses or endangers others with the medication, school employees or agents may confiscate the medication.
- I understand that this authorization shall be effective for this current school year and must be renewed annually.

I hereby authorize reciprocal release of information related to the medication and diagnosis for which medication is prescribed between the school nurse and the healthcare professional/clinic.

Print Parent/Legal Guardian Name:_____ Cell phone:_____

Parent/Legal Guardian Signature:_____ Date:_____

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TO BE COMPLETED BY LICENSED SCHOOL NURSE

☐ This student has demonstrated mastery related to his/her anaphylaxis medication and self-carrying/administering skills.

☐ This student needs reinforcement of his/her anaphylaxis medication and self-carrying/ administering skills.

☐ This student may self-carry/self-administer (circle choice) and should check in with school nurse
_____weekly _____monthly _____daily _____Other:_____

Signature of Licensed School Nurse_____ Date_____

NOTE: The licensed school nurse will assess the student's competencies to self-carry and/or self-administer medication and if there are any concerns will contact the healthcare professional and parent to discuss further options. In the event agreement is not reached, the parents may refer the case to the Chief Operating Officer for resolution.

STUDENT AGREEMENT

I agree to:

- Follow my prescribing health professional's orders, including the Anaphylaxis Action Plan.
- Use correct medication administration technique (demonstrate to nurse).
- Not allow anyone else to use my medication.
- Keep a current supply of my medication located _____
- Keep spare medication in the nurse's office _____ yes _____no.
- Consult with the school nurse _____weekly _____ monthly _____other _____
- Notify the school nurse or another adult under the following circumstances:
    1. I have any exposure to an allergy trigger
    2. I have any symptoms of an allergic reaction

_____
Signature of Student Date