

AUTHORIZATION FOR SELF-ADMINISTRATION OF ASTHMA AND ANAPHYLAXIS MEDICATION

Student Name _____ Birthdate _____

Program _____ Grade _____

THIS PORTION TO BE COMPLETED BY THE PRESCRIBING HEALTH CARE PROFESSIONAL

<u>Name of Medication</u>	<u>Dosage</u>	<u>Method of Administration</u>	<u>Form of Medication</u>
_____	_____	_____	_____

Inhalers: _____
Indicate if student must carry on his/her person

Student is capable of self-administration of medication _____ Yes _____ No

Possible side effects of medication _____

Emergency procedure in case of serious side effects _____

I request and authorize that the above-named student be administered the above-identified medication in accordance with the instructions indicated above from _____ to _____ (not to exceed current year) as there exists a valid health reason which makes administration of the medication advisable during program hours.

Date of Signature Prescribing Health Care Professional

Telephone Number: _____ Name: _____
(print or type)

Please note: If samples of medication are to be given, they must be labeled with the name of the student, dosage, and time to be given.

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

I request/authorize the NWESD 189 cooperative program to permit my son/daughter (named above) to self-administer medication listed above in accordance with the prescribing health care professional's instructions for the period from _____ to _____ (not to exceed current year). I understand and agree that the NWESD 189, its cooperating member districts, its employees, and its agents shall incur no liability as a result of any injury, or even death, that may arise from the self-administration, or failure to do so, by my son/daughter of this medication. Furthermore, I hereby indemnify and hold harmless all of the aforementioned parties against any claims arising out of the self-administration, or failure to do so, of the medication by my son/daughter.

Permission to carry medication _____ Yes _____ No

Permission to self-administer medication _____ Yes _____ No

Date of Signature Parent/Guardian Signature

Telephone Number: _____ (home) _____ (work)