AUTHORIZATION FOR SELF-ADMINISTRATION OF MEDICATION FOR ASTHMA/ALLERGIES K-12 AND INSULIN FOR GRADES 6-12

PART A

Parent/Legal Guardian to Complete

Name of Student: _____Date of Birth: _____ Grade/Teacher: _____

The above student has been instructed on self-administration of medication, and I hereby give my permission for him/her to administer at school as ordered the medication(s) listed below. 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.

I also acknowledge, in accordance with the Nurse Practice Act, the need and give permission for appropriate communication between the school nurse and the medical prescriber related to the medication(s)/treatment(s) in question to enable the nurse to administer safe and effective care. This includes communication concerning the prescription/treatment itself, implementation of the prescription/treatment in school, student response to the medication/treatment, and other pertinent issues related to the student's diagnosis, condition, or medication/ treatment.

_____ _____ _____

Parent/Legal Guardian Signature | Parent/Legal Guardian (Printed Name) | Today's Date

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PART B

Physician to Complete

Current Diagnosis(es): _____

Medication	Purpose	Dosage	Time/Frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Conditions & Special Circumstances for use: _____

This student is authorized to self-administer and has been instructed in self-administration of this medication. He/she has the skill, judgment and maturity to self-administer this medication.

_____ _____ _____

Physician Signature | Physician (Printed Name) | Today's Date

_____

Physician Phone Number

PART C: *School Nurse to Complete*

School Nurse Review of order and procedure with student. Completed satisfactorily: _____

Date of Review