

## STUDENT AGREEMENT TO SELF-CARRY/SELF-ADMINISTER MEDICATION

A school district may grant authorization for students to self-administer medication for asthma or anaphylaxis if the following conditions are met:

- They have a current medical authorization from their health care provider,
- Have demonstrated to the health care provider and the registered nurse at the school the skill needed to use the medication,
- The HCP develops a written treatment plan in effect for the student, and
- This authorization allows the student to possess and use the medication during, to and from the school and school sponsored events.

Direction	ns: School nurse conferences with student. B	oth should initial each of the following stipulations.
	$\square$ Student wants to self-administer the med	ication
	$\square$ Demonstrates the maturity and understar	nding of responsibility of self-administration
	$\square$ Identifies the signs and symptoms of asth	ma or anaphylaxis
	$\square$ Demonstrates how to use the medication	to treat his/her symptoms
	Demonstrates correct technique to use medications	
	☐ Identifies side effects of medications	
	☐ Understands what and to whom to report	
<ul> <li>I understand that there are rules and responsibilities in self-administering my medication for asthma or anaphylaxis prevention.</li> <li>I will keep my inhaler and/or epinephrine with me at all times.</li> <li>I will notify a responsible adult when the inhaler is used and immediately when I use the epinephrine.</li> <li>I will not share medication with any other student.</li> <li>I will not leave it unattended where another person could access it.</li> <li>I will not use It for any other purpose than to treat my medical signs and symptoms.</li> <li>I understand that this is a privilege that can be changed if I do not follow the rules.</li> </ul>		
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Studen	t Signature	Nurse Signature
Date:		Date:

Completed document is to be filed with Authorization to Administer Medication