

Self-Administration of Asthma or Epi-Pen Medication Procedure

1. Parent/guardian given policy and procedure information upon their request.
2. Parent/guardian submit "Parent/Guardian Request for Student Self-Administration of Medication at School."
3. Parent/Guardian submits "Medical Professional Statement regarding Self Administration of Medication at School" form, which must be signed by medical professional (physician, certified registered nurse practitioner or physician assistant).
4. Parent/guardian and student meet with nurse to review policy and accept terms of policy as follows:
 - a. The student must be able to "self administer" the prescribed medication, in the opinion of the school nurse. To self-administer medication, the student must be able to:
 - Respond to and visually recognize his/her name.
 - Student is capable of identifying individual medications by name.
 - Student is knowledgeable of purpose of individual medications.
 - Student is able to identify/associate specific symptom occurrence and need for medication administration.
 - Student is capable/knowledgeable of medication dosage.
 - Student is knowledgeable about method of medication administration.
 - Student is able to state side effects/adverse reactions to this medication.
 - Student is knowledgeable of how to access assistance for self if needed in an emergency.
 - Student is able to identify safety issues: no sharing of medications with others; need for safe storage of medication; consistent placement of medication
 - b. The student and his/her parent/guardian shall be made aware and must agree that the asthma inhaler or epi-pen medication is intended for his/her use only and may not be shared with other students. A violation of this rule shall result in immediate confiscation of the self-administered medication and possible loss of privileges under this policy. Depending on the circumstances, a student who knowingly allows access or makes available to other students his/her self-administered medication may be disciplined in accordance with the District's Unauthorized Substances policy (which is contained in the District's Discipline Policy Handbook).
 - c. The student agrees he/she shall notify the school nurse or designee immediately following each use of an asthma inhaler or epi-pen.

5. Upon acceptance of these terms and upon the completed submission of the two forms identified in Steps 2 and 3, above, the school nurse will notify the administrator(s) in the building and the student's teacher(s) of the student's participation in this program.

REDLINED #631825
CLEAN # 978170.v1

**SCHOOL DISTRICT OF THE CITY OF ERIE, PA.
 MEDICAL PROFESSIONAL STATEMENT REGARDING
 SELF ADMINISTRATION OF MEDICATION AT SCHOOL**

Name of student _____ GR/HR _____

Name of medication _____

Diagnosis for which medication is given _____

Dosage _____ Time to be given _____

Can this medication be adjusted to accommodate class schedules? _____

If so, by how much? _____

If medication is to be given "PRN", describe indications and intervals _____

List significant side effects _____

Other prescribed medication _____

Dates medication to be given _____ to _____

This medication has been prescribed by me and it is realized that the container **MUST** be clearly labeled with the name of the medication, the amount to be given, the time of day to be given and the duration of treatment. The parent is responsible for taking a periodic supply to the school. The medication is to be given in school because the medication must be taken at a time when the child is in school and another time is not feasible.

It is medically necessary for this student to carry his/her ___ inhaler / ___ epi-pen with him/her at all times. YES NO (circle one)

Student has been instructed in proper use of ___ inhaler / ___ epi-pen. _____

Physician's Signature

In my professional opinion, student is qualified and able to self-administer the prescribed medication.

Physician's Signature

Physician's signature	Physician's name printed

Date: _____

Parent/guardian signature	Student signature-self administering medication

Date: _____

Date: _____

 School Nurse Administrator

**SCHOOL DISTRICT OF THE CITY OF ERIE, PA.
PARENT/GUARDIAN REQUEST
FOR STUDENT SELF-ADMINISTRATION OF MEDICATION AT SCHOOL**

Name of student _____ GR/HR _____

Name of medication _____

Diagnosis for which medication is given _____

I, the parent/guardian of the above-named student, am requesting that the School District of the City of Erie comply with the order of my student's physician, certified registered nurse practitioner or physician assistant (which I have submitted and which is entitled "Medical Professional Statement regarding Self Administration of Medication at School") that it is medically necessary that the above-identified medication be self-administered by the student and that my student carry his/her inhaler/epipen with him/her at all times.

I understand that I am responsible for taking a periodic supply of the medication to the school.

My student and I are aware of the District's Student Possession/Self Administration of Asthma Inhalers policy. My student and I are aware that he/she is strictly prohibited from allowing any other student access to the self-administered medication. A violation of this rule shall result in immediate confiscation of the self-administered medication and possible loss of privileges under this policy. Depending on the circumstances, a student who knowingly allows access or makes available to any other student his/her self-administered medication may be disciplined in accordance with the District's Unauthorized Substances policy.

By signing this Request, I hereby request the School District of the City of Erie to allow my student to self-administer the medication herein referred to, and do hereby remiss, release, and forever discharge the said School District of the City of Erie, its members of the Board of Directors (both collectively and individually), its agents and employees, and his/her/their and its successors and assigns, heirs, executors, and administrators, of and from, any and all claims, demands, rights, and causes of action whatsoever kind and nature, arising from, and by reason of, any and all known and unknown foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, which hereafter may be sustained by my student and by the said parents, and by any other person or persons having a legal interest therein in consequence of the student's self-administration (or failure to self-administer) of such medication. And, furthermore, I, the parent and/or guardian of the student do hereby expressly stipulate and agree, to indemnify and forever hold harmless the said School District of the City of Erie, its members of the Board of Directors, (both collectively and individually), its agents and employees, and his/her/their and its successors or assigns, heirs, executors, and administrators against loss from any and all further claims, demands, and actions in law or in equity that may hereafter at any time be made or brought by my student or by anyone on behalf of said student for the purpose of enforcing a further claim for damages on account of the injuries which may be sustained in consequence of his/her self-administration (or failure to self-administer) of the medication herein referred to, and the parents, guardian(s) or next friend hereby waive any and all rights of exemption, both as to real and personal property, to which they may be entitled under the laws of this or any State as against such claim or reimbursement or indemnity.

Parent/guardian signature Date: _____ Student signature Date: _____

School Nurse Administrator