# Self-Carry and Self-Administration Medication Form for parents (inhaler)

Dear Parent/Guardian:

Students may self-administer medications with school nurse and parent/guardian approval. In order for your child to carry and administer his/her own inhaler as prescribed by a licensed physician, you must complete part A of this form. Part B will be completed in the health office with your child. You may be present during the completion of part B of this form if you so desire. Your child must be able to answer the questions in Part B. This is for the safety of your child and others. This form must be completed IN ADDITION to the parent and prescriber's normal authorization form for administration of medication in school.

**A. To be completed by the parent/guardian:**

I request that my child _____be permitted to carry on his/her person the _____ inhaler (name) _____ that has been prescribed.
My child has been instructed in and understands the purpose, appropriate method, frequency and use of his/her medication. My child understands that he/she is responsible for carrying and using his/her medication. My child understands that if he/she self administers this medication during the field trip, he/she will inform the teacher/Chaperone or closest adult immediately.It is understood that if there is irresponsible behavior or safety risk, the privilege of carrying his/her medication will be rescinded.

I will support my child in following the agreement in Part B.

_____ _____
(Parent/Guardian Signature) (Date)

**B. To be completed by the school nurse:**

Yes         No
_____ _____ Student is consistently able to:

                                                    Name the medication;

                                                    Identify the correct medication;

                                                    Explain the purpose of the medication;

                                                    Knows the correct dosage;

                                                    Explain when the medication is to be taken;

_____ _____ Student demonstrated the correct use/administration.

_____ _____ Student realizes his/her responsibility in carrying his/her own medication(s) and agrees not to share the medication(s) with others.

_____ _____ The student agrees to the teacher/chaperone or closest adult immediately after self-administering his/her medication during school-sponsored trips.

_____          _____ _____ _____
(Student Signature)         Date                                   (School Nurse Signature) Date

**ACKNOWLEDGEMENT OF UNDERSTANDING.** I _____, have read the above Emergency Health Care Plan for my child, _____ and I understand its terms, also I understand that this Emergency Care Plan is in lieu of direct nursing services for the _____ field trip with {school}l on _____(date)_____. By signing this Emergency Care Plan, I acknowledge that I agree with the Plan, and I am signing it knowingly and voluntarily.

_____          _____

Parent/Guardian Signature                                                          Date

_____          _____

Parent/Guardian Signature                                                          Date