Northmor Local School District

Authorization for self-carry/administration of
medicine at Northmor Schools and after school activities

The Board of Education Policy permits a responsible, trained student to carry and/or self-administer medication for asthma, severe allergic (anaphylactic) reaction, or diabetes on his/her person for immediate use in a life-threatening situation with written order of physician, parent request and principal approvals.

Physician/Prescribing Health Care Provider

Patient's Name_____Date_____DOB_____

Patient's Address_____Grade_____

Name of Medication_____

Dosage _____Time(s) for Administration _____Rate_____

Specific Instructions for Administration_____

Specific Instructions on Storage _____

Possible Side Effects_____

Side effects that need to be reported to physician_____

Telephone number where physician can be reached in an emergency_____

In my opinion, this student shows capability to carry and self-administer the above medication. _____ Yes _____No

Is this a controlled drug? _____Yes _____No

Duration (date) of administration: From _____ to _____ *Limit of one school year*

_____ _____
Physician's Signature Date

Parent/Guardian Authorization

I request that my child, named above, be permitted to: _____Carry _____Self-Administer the ordered medication. I take responsibility for this permission. I understand that the ***medication must be in the original pharmacy container,*** labeled with the name of the student, prescribing health care provider, date of original prescription; strength and dose of medication; and directions for use. No more than a 45 school day supply of medication will be kept at school. This medication will be destroyed unless picked up within one week after the school year or end of the medical order.

_____ _____ _____
Parent Signature Date Student Signature

_____
Parent Telephone Number

We accept the parent request and physician statement. We will permit and assist the student to be responsible, but reserve the right to withdraw the privilege if the student shows signs of irresponsible behavior or there is a safety risk. We will contact the parent as soon as possible in this event.

_____ _____
Principal's Signature Date