

Authorization for Self-Administration of Asthma or Other Airway Constricting Disease Medication or Epinephrine Auto-Injectors

In order for a student to self-administer medication for asthma or other airway constricting diseases, or an epinephrine auto-injector, College Community School District requires the following in accordance with Iowa Code §280.16:

- **Parent/Guardian signature and date on the attached Authorization** for Self-Administration of Asthma or Other Airway Constricting Disease Medication or Epinephrine Auto-Injector.
- **Written authorization from a licensed health care professional** (as defined in Iowa Code §280.16) containing the following:
 - Name and purpose of the medication or epinephrine auto-injector.
 - Prescribed dosage.
 - The times at which or the special circumstances under which the medication or epinephrine auto-injector is to be administered.

A new authorization must be completed each school year. A parent/guardian must notify the School Nurse immediately if any changes are made to the medication, dosage, and/or administration instructions, and a new authorization form must be completed as soon as possible.

Misuse of self-administration medication will result in disciplinary action and may result in withdrawal of self-administration authorization.

Provided the above requirements are met, a student with asthma or other airway constricting disease may possess and use the specified medication while at school, at school-sponsored activities, under the supervision of school personnel, and before/after normal school activities (this includes before and after school care, and time spent on school provided transportation).

In accordance with Iowa Code §280.16, the school district and its employees are to incur no liability, except for gross negligence, as a result of any injury arising from self-administration of medication or use of an epinephrine auto-injector by the student. The parent or guardian of the student shall sign a statement acknowledging that the school district is to incur no liability, except for gross negligence, as a result of self-administration of medication or use of an epinephrine auto-injector by the student. The school district or its employees acting reasonably and in good faith shall incur no liability for any improper use of medication or an epinephrine auto-injector or for supervising, monitoring, or interfering with a student's self-administration of medication or use of an epinephrine auto-injector.

*****PLEASE COMPLETE FORM ON OTHER SIDE*****

Medication Self-Administration Authorization

College Community School District

PRESCRIBER to complete this section

Student: _____ Date of Birth: _____ School: _____

Medication: _____ Dosage: _____

Purpose, Special Circumstances, & Administration Instructions: _____

Discontinue / Re-Evaluate / Follow-Up Date: _____

Prescriber Name: _____ Phone: _____

Prescriber Signature: _____ Date: _____

PARENT to complete this section

I request the above-named student possess and self-administer the above stated medication at school and at school-sponsored activities according to the authorization for self-administration instructions and I acknowledge the following:

- I understand the school district and its employees acting reasonably and in good faith shall incur no liability for any injury arising from self-administration of medication or use of an epinephrine auto-injector by the student, or for any improper use of medication or an epinephrine auto-injector or for supervising, monitoring, or interfering with a student's self-administration of medication or use of an epinephrine auto-injector.
- I agree to coordinate and work with school personnel and notify them when questions arise or relevant conditions change.
- I agree this information is shared with school personnel in accordance with the Family Education Rights and Privacy Act (FERPA).
- I understand that it is my responsibility to provide backup medication to the school for use in the event that my student misplaces, forgets, or runs out of medication while at school.

Parent/Guardian Signature: _____ Date: _____

STUDENT to complete this section

I understand and agree to the safe and responsible use of the above-named medication. I agree to keep my medication in a safe and secure place at all times while at school or school-sponsored activities. I understand this medication is for my personal use only and that any misuse or allowing others to use my medication will result in disciplinary action and may also result in withdrawal of my self-administration privilege.

Student Signature: _____ Date: _____

PLEASE REVIEW INFORMATION ON OTHER SIDE