

**USD 308 HUTCHINSON PUBLIC SCHOOLS
2018-2019**

Request for Self-Administration of Medication and or Special Health Care Services
New request is needed each year.

Policy: Unified School District #308 allows eligible students in grades 1-12 who need emergency medication and/or special health care services during school hours to self-administer emergency medication.

1. Permission form must be completed and signed by licensed health care provider.
2. Permission form must be signed by the parent or legal guardian.
3. Medication must be brought to school in the ORIGINAL CONTAINER, properly labeled with the student's name and correct dosage by a registered pharmacist as prescribed by law.
4. Only medication or treatment that is necessary so the pupil can attend school or benefit from his or her educational program should be given during the school day.
5. Back-up medication provided by the student's parent/legal guardian is to be kept at school in a location to which the student has immediate access in the event of an emergency.
6. Communicate any change in student's health status, medication, regime, or health provider.
7. Sign authorization for school to communicate with the student's healthcare provider. This authorization to release information is on the building/district website: Parent Resources.

Nurse Check-List completed on _____
Date

Student Name: _____ Date of Birth: _____

School: _____ Diagnosis / Condition: _____

Part A: TO BE COMPLETED BY APPROPRIATE HEALTH CARE PROVIDER

Medication and /or Treatment ordered: _____

Times and dosages to be given at school: _____

Special orders and/or side effects to be monitored: _____

Student has been instructed on self-administration of Medication and/or Treatment and is authorized to do so in school: No _____ Yes _____

Printed Name of Physician: _____ Phone Number: _____

Signature of Physician: _____ Date: _____

Part B: TO BE COMPLETED BY PARENT OR GUARDIAN:

I give permission for my child _____ to self-administer emergency medication and/or special health care services as directed above at school. I understand that it is my responsibility to furnish this medication. I acknowledge that the school district and its officers, employees or agents incur no liability for damage, injury or death resulting directly or indirectly from the self-administration of medication and agree to release, indemnify, and hold the school and its officers, employees and agents, harmless from and against any claims relating to the self-administration of such medication.

Signature of Parent or Guardian

Date

Emergency Phone