

## STUDENTS

### STUDENTS SERVICES

#### ADMINISTERING MEDICINES TO STUDENTS

## **ACKNOWLEDGEMENT OF STUDENT SELF ADMINISTRATION OF MEDICATIONS**

As parents/guardians of \_\_\_\_\_ we authorize our son/daughter to possess and to self-administer medication to treat his/her asthma or anaphylaxis including, but not limited to inhaled bronchodilators and auto injectable epinephrine.

We warrant that:

1. A licensed physician prescribed or ordered such medications for use by our son/daughter.
2. A licensed physician has instructed our son/daughter in the correct and responsible use of such medications.
3. Our son/daughter has demonstrated to our son/daughter's licensed physician or licensed designee the skill necessary to use the medication and any device necessary to administer such medications.
4. Our son/daughter's physician has approved and signed a written treatment plan for managing asthma or anaphylaxis episode and medication for use by our son/daughter. The treatment plan includes a physician's statement that our son/daughter is capable of self-administering the medication under the treatment plan. A copy of this treatment plan is attached to this acknowledgement.
5. We agree to complete and submit to the school all written documentation required by the school.

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Parent/guardian Signature

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Date