



## Administration of Prescription Medication

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

### THIS SECTION IS TO BE COMPLETED BY THE PARENT/GUARDIAN

I give permission to Dayspring Christian Academy to administer medication to the above named student in accordance with the physician's instructions. I understand that every effort will be made to administer the medication in a timely manner. I understand that this medication must be furnished to the school in accordance with the policy outlined on the reverse side of this form.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR INHALER AND EPIPEN ONLY - FOR STUDENTS IN GRADES 9-12 ONLY.

**(PARENTS OF YOUNGER STUDENTS MAY CONTACT THEIR PRINCIPAL WITH SPECIAL REQUESTS AND DETERMINATIONS WILL BE MADE ON A CASE BY CASE BASIS)**

**(PLEASE NOTE THAT PHYSICIAN MUST SIGN BELOW FOR PERMISSION FOR ANY STUDENT TO SELF CARRY/ADMINISTER)**

I give permission for my child to carry and self-administer his/her prescribed asthma inhaler: Yes  No

I give permission for my child to carry and self-administer his/her prescribed EpiPen: Yes  No

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### **THE FOLLOWING SECTIONS ARE REQUIRED TO BE COMPLETED BY THE PRESCRIBING HEALTH CARE PROVIDER**

Medication \_\_\_\_\_ Reason for Medication \_\_\_\_\_

Dosage to be administered \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Time or interval at which each dosage is to be administered \_\_\_\_\_

Side Effects \_\_\_\_\_

Special instruction for storage or administration of medication \_\_\_\_\_

Physician's Name (print) \_\_\_\_\_ Phone Number \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

### **FOR INHALER AND EPIPEN ONLY – TO BE COMPLETED BY PHYSICIAN**

I request that this student be permitted to carry and self-administer his/her prescribed asthma inhaler: Yes  No

I request that this student be permitted to carry and self-administer his/her prescribed EpiPen: Yes  No

As the health care provider for this student, I verify that he/she has been taught the proper use of his/her inhaler/EpiPen and has adequate knowledge of asthma/anaphylaxis and how to control it. He/she is thought to be responsible enough to carry his/her inhaler/EpiPen and use it properly without supervision.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Policy for Administration of Prescription Medication

Dayspring Christian Academy recognizes that parents have primary responsibility for the health of their children and that there are occasions when it is important for school personnel to administer medication to students during school hours. When your physician decides it is necessary for your child to receive medication during the school day, his/her signature and specific instructions must be provided to the school. The physician and parent will provide the necessary information by using the reverse side of this form.

The prescribed medication must be brought to the school by a parent or other responsible adult in the **original container** and must contain the following information:

1. Name of student
2. Name of medication
3. Dosage of medication
4. Time medication is to be given

To provide a safe environment for your child and all other students, all medication must be kept at the front desk. Your child should report to the front desk when he/she is scheduled to take the medication.

For inhaler/EpiPen Self-Administration – by signing on the reverse side of this form:

1. I authorize Dayspring Christian Academy to allow my child to possess and use his/her asthma inhaler/EpiPen:
  - a. While in school
  - b. While at a school-sponsored activity
  - c. While under the supervision of school personnel
  - d. Before or after school hours
2. I agree that my child will notify the front desk immediately following each use of the inhaler/EpiPen
3. I acknowledge that the school bears no responsibility for ensuring that the medication is taken or properly self-administered. It is recommended, for the protection of the child that a second inhaler/EpiPen is kept at the front desk in case the student does not have his /her inhaler/EpiPen.
4. I understand that neither Dayspring nor any of its employees shall be held liable for any injury resulting from self-medication and I agree to indemnify and hold harmless the school and its agents against any related claims.
5. I understand that it is my child's responsibility to protect his/her inhaler/EpiPen from being left in an area where it is accessible to other students.
6. I agree that if my child abuses or ignores this policy, school personnel may confiscate the inhaler/EpiPen and the school may require that it be kept at the front desk.