

**BABOQUIVARI UNIFIED SCHOOL DISTRICT #40**

**PERMISSION TO SELF-ADMINISTER MEDICATIONS**

With your permission and orders from their provider, your child may carry and self administer specific medications while in school: **albuterol inhaler; auto-injectable epinephrine (EPI-pen); insulin**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

- 1. Medication: \_\_\_\_\_
- 2. Dose: \_\_\_\_\_
- 3. Route of administration \_\_\_\_\_
- 4. Reason for medication \_\_\_\_\_
- 5. Name of prescriber: \_\_\_\_\_
- 6. Permission to contact the prescribing physician for information as needed? Y N

I hereby authorize my child to carry and self administer, *with their provider's approval*, to carry and self administer the above named medication. I will assume responsibility that a copy of this permission form is kept with the medication at all times. I have instructed my child to NOT share this medication with another person. My child will immediately report the loss of theft of this medication to the School Nurse or Health Aide. My child understands that the misuse of this medication subjects them to disciplinary action. My child understands that if auto-injected epinephrine is self-administered, this action is to be reported immediately to Health Office staff.

Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_

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Action Plan with Provider's signature in Health Office: \_\_\_\_\_