

COUNCIL ROCK SCHOOL DISTRICT
Possession/Use of Asthma inhalers and other Self-Administered
Medications

In order for your child to self-administer medication during the course of their school hours the district requires the following:

1. A written request from the parent/guardian that the school will comply with the order of the physician, certified registered nurse practitioner or physician assistant.
2. A statement from the parent/guardian acknowledging that the school is not responsible for ensuring the medication is taken and relieving the district and its employees of responsibility for the benefits or consequences of the prescribed medication or self-administered medical procedure, tests and/or medications.
3. A written statement from the physician, certified registered nurse practitioner or physician assistant that states:
 - a. Name of the drug or medical procedure.
 - b. Prescribed dosage.
 - c. Times medical procedure, tests and/or medication is to be administered.
 - d. Length of time medication is prescribed.
 - e. Diagnosis or reason medication is needed, unless confidential.
 - f. Potential serious reaction or side effects of medication.
 - g. Emergency response.
 - h. That the student is qualified and able to self-administer the medication.

The student shall be made aware that the asthma inhaler or other self-administered medical device is intended for his/her use only and may not be shared with other students. Likewise, medication intended for self-administration by the student may not be dispensed by the student or any other student. In the event that the authorized items are lost, misplaced or missing, the student must immediately report it to the school administration.

The student shall notify the school nurse immediately following each use of the inhaler, epi-pen or insulin injection. In the absence of the school nurse, notification should be given to the supervising staff member. All students must demonstrate to the satisfaction of the school nurse, knowledge of their responsibilities for reporting self-administration of medication and their understanding of school policy prohibiting the dispensing of medication to other students or use of medical testing devices by unauthorized students. Students must demonstrate their understanding of the penalties to be imposed for unauthorized use of testing devices or dispensation of medication.

In order to enable your child to self-administer medical procedures, tests, and/or other medications, please sign below. In doing so, you acknowledge having read and agree with the above statements.

Parent/Guardian Signature

Date

Student's signature

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Inhaler Procedures for Self-Administration

Name of Student: _____ Grade/Teacher _____

Name of Physician _____ Telephone Number _____

Name of Medication: _____ Dosage: _____ Time: _____

Medication must be dispensed following the District's Medication Policy. The inhaler must be labeled with the student's name.

RESPONSIBILITIES FOR CARRYING RESPIRATORY INHALERS

Observed
(Circle One)

Yes No Student agrees to notify school nurse immediately following each use of asthma inhaler.

Yes No Asthma Action Plan returned

Yes No Correct use of inhaler

Yes No Proper timing for inhaler use

Yes No Inhaler is to be kept in student's belongings or in the case of a secondary student in the locker restricting availability of inhaler and medication from other students.

Yes No Student agrees to come directly to the Health Room if the student continues to have difficulty with breathing, wheezing, or is experiencing chest tightness after using the inhaler.

Yes No A second inhaler is provided to be kept in the Health Room. (Required at the elementary, recommended at the secondary).

Yes No The student understands that if the school policies are abused or ignored there will be an immediate confiscation of both asthma inhaler and the medication.

THE STUDENT DOES, DOES NOT DEMONSTRATE MEETING THE ABOVE SPECIFIED RESPONSIBILITIES.

THE PRIVILEGE OF CARRYING THE INHALER WILL/WILL NOT BE ALLOWED.

Student Signature/Date

RN's Signature/Date

My child will be responsible for carrying this respiratory inhaler and will self-administer. My child agrees to follow the district's procedures concerning the handling and administration of this medication.

Parent Signature

Date

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