1109 North Eighth Street 618-283-5151

Vandalia Community Unit School District #203

SELF-CARRY/ADMINISTRATION OF MEDICATION AT SCHOOL

Our school district policy permits a responsible trained student to carry and self-administer medications for asthma, severe allergic (anaphylactic) reaction, or diabetes on his/her person for immediate use in a life-threatening situation with a physician's written authorization, parent consent, and school nurse and principal approvals.

PHYSICIAN/PRESCRIBING HEALTH CARE PROVIDER AUTHORIZATION

Student Name _____ Date of Birth _____

Grade _____ Teacher/Homeroom _____

Condition for which the medication is administered _____

Name of the medication, dosage, and method administered _____

Time or indication for administration _____

Side effects to be alert to: _____

IN MY OPINION, THIS STUDENT SHOWS CAPABILITY TO CARRY AND SELF-ADMINISTER THE ABOVE MEDICATION. *Not Required for Inhalers*

_____

Physician Signature Print Name Telephone Date

PARENT/GUARDIAN AUTHORIZATION

As the parent/guardian of the above named student, I request that my student be allowed to carry and self-administer the above prescribed medication in school, at any school-sponsored activity, when under the supervision of school personnel, or before or after normal school activities, such as while in before-school or after-school care on school-operated property. I further agree that when the medication is so administered, I waive any claims I might have against Vandalia School District #203, its employees, and agents arising out of administration of said medication. In addition, I agree to hold harmless and indemnify the school district, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration of said medication. I understand that the medication must be in the original pharmacy container, labeled with the name of the student and all prescribing information.

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Parent Signature Relationship Date

*Please provide a copy of the prescription label with name of the medication, prescribed dosage, and time or circumstances under which the medication is to be administered.