



OLDENBURG ACADEMY OF THE IMMACULATE CONCEPTION

GO BEYOND

Authorization to Carry and Self-Administer Medication

Student's Name _____ Age _____ Grade _____

Medication that will be carried for emergency use and self-administered by above student:

Acute or chronic medical condition _____

Year of diagnosis _____

Signs/symptoms of emergency need of treatment _____

Treatment needed _____

Further treatment needed _____

I certify that the above named student needs to carry medication to self medicate in case of a medical emergency.

Provider's signature _____

Telephone: _____ Date: _____

Parent authorization

As the parent or legal guardian of the above student, request authorization and give written permission for you to allow my child to carry and self-administer their medication in case of a medical emergency as prescribed by the provider. I agree to notify you immediately of any change in circumstances concerning administration of this medication.

Date: _____ Parent/Guardian signature _____

Proper Procedure for Self-Administered Medication

Students with certain acute or chronic diseases can carry and self-administer their own medications. This is permitted only if the medicine must be given on an emergency basis, and if a parent or guardian files an annual authorization.

Self- Administered Medications such as an inhaler, epi-pen or insulin, must have a provider's order stating that the student has been instructed on how to administer the medication, AND that the student may carry the medication with them. The school nurse must be made aware of the location of the medication (locker, backpack, purse, etc.). This is according to State Law I.C.20-8.1-5.1-7.5 and 7-22.

If you have a question regarding a specific medical/medicine situation, please contact the school principal or school nurse.