CABELL COUNTY SCHOOLS HEALTH SERVICES

AUTHORIZATION OF SELF-ADMINISTRATION OF EMERGENCY (ER) MEDICATION AND/OR OVER THE COUNTER MEDICATION (OTC)

OTC MEDICATION SELF ADMINISTRATION *ONLY* ALLOWED FOR STUDENTS IN GRADES 9-12

ONE FORM SIGNED FOR EACH MEDICATION PLEASE

Student____**Grade**____**HR Teacher**___________________________

Medication______________________________________**Dosage**______________________________________

The Medication Administration/Medication Log (reverse) must be completed for ER (i.e. Epi-Pen, inhaler) medication only. The student must maintain possession of any medication that they are given permission to carry by the school nurse and the parent while at school. I request that my child be allowed to carry his/her medication and be responsible for its proper storage and use. The medication, up to a 3 day supply, must be in the manufacturer's original packaging clearly marked with name of medication, ingredients, dosage, time and route, and medication expiration date. I am aware and understand that the school, Cabell County Board of Education (CCBOE), its employees or agents are exempt from any liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the student. I hold harmless the school, CCBOE, and its employees or guardians, and agents against any claims arising out of the self-administration of medication by the student. I also understand that if my child fails to follow the said agreement, privileges to self-medicate will be withdrawn and/or may be subjected to disciplinary action.

____

Parent/Guardian Printed Name & Signature | Phone Number | Date

\>>

FOR SCHOOL USE ONLY

ASSESSMENT OF STUDENT RESPONSIBILITIES FOR CARRYING AND ADMINISTERING MEDICATIONS

School Nurse Observed:

YES	NO	Medication expiration date:
		Medication prescribed by physician (ER med only).
		Medication in original container and labeled with student name.
		Student demonstrates correct use/administration.
		Student recognizes proper and prescribed timing for medication.
		Student states understanding of not sharing medication with others.
		Student agrees to notify teacher/staff should symptoms persist.
		Student agrees to keep medication in an agreed upon location for emergency use: purse, backpack, locker, ____________________

The student has passed an assessment by the school nurse evaluating the student's technique of self-administration and the student's level of understanding of the appropriate use of emergency and/or OTC medication.

____

Student Printed Name & Signature | Date

____

School Nurse Name & Signature | Date