2023-2024 School Year

Administration of Emergency Use Medication (Inhalers and EpiPens)

Student Name _____ Birth Date _____ Grade _____

THIS SECTION IS TO BE COMPLETED BY THE PARENT/GUARDIAN

I give permission to Dayspring Christian Academy to administer medication to the above named student in accordance with the physician's instructions. I understand that every effort will be made to administer the medication in a timely manner. I understand that this medication must be furnished to the school in accordance with the policy outlined on the reverse side of this form.

Parent/Guardian Signature _____ Date _____

FOR INHALER AND EPIPEN ONLY - FOR STUDENTS IN GRADES 9-12 ONLY.

(PARENTS OF YOUNGER STUDENTS MAY CONTACT THEIR PRINCIPAL WITH SPECIAL REQUESTS AND DETERMINATIONS WILL BE MADE ON A CASE BY CASE BASIS)

(PLEASE NOTE THAT PHYSICIAN MUST SIGN BELOW FOR PERMISSION FOR ANY STUDENT TO SELF CARRY/ADMINISTER)

I give permission for my child to carry and self-administer his/her prescribed asthma inhaler: Yes ☐ No ☐

I give permission for my child to carry and self-administer his/her prescribed EpiPen: Yes ☐ No ☐

Parent/Guardian Signature _____ Date _____

THE FOLLOWING SECTIONS ARE REQUIRED TO BE COMPLETED BY THE PRESCRIBING HEALTH CARE PROVIDER

Medication _____ Reason for Medication _____

Dosage to be administered _____ Start Date _____ End Date _____

Time or interval at which each dosage is to be administered _____

Side Effects _____

Special instruction for storage or administration of medication _____

Physician's Name (print) _____ Phone Number _____

Physician's Signature _____ Date _____

FOR INHALER AND EPIPEN ONLY – TO BE COMPLETED BY PHYSICIAN

I request that this student be permitted to carry and self-administer his/her prescribed asthma inhaler: Yes ☐ No ☐

I request that this student be permitted to carry and self-administer his/her prescribed EpiPen: Yes ☐ No ☐

As the health care provider for this student, I verify that he/she has been taught the proper use of his/her inhaler/EpiPen and has adequate knowledge of asthma/anaphylaxis and how to control it. He/she is thought to be responsible enough to carry his/her inhaler/EpiPen and use it properly without supervision.

Physician's Signature _____ Date _____

For Inhaler/EpiPen Self-Administration – by signing on the reverse side of this form I agree to the following:

1. I authorize Dayspring Christian Academy to allow my child to possess and use his/her asthma inhaler/EpiPen:
    a. While in school
    b. While at a school-sponsored activity
    c. While under the supervision of school personnel
    d. Before or after school hours

2. I agree that my child will notify the school nurse immediately following each use of the inhaler/EpiPen

3. I acknowledge that the school bears no responsibility for ensuring that the medication is taken or properly self-administered. It is recommended, for the protection of the child that a second inhaler/EpiPen is kept at the front desk in case the student does not have his /her inhaler/EpiPen.

4. I understand that neither Dayspring nor any of its employees shall be held liable for any injury resulting from self-medication and I agree to indemnify and hold harmless the school and its agents against any related claims.

5. I understand that it is my child's responsibility to protect his/her inhaler/EpiPen from being left in an area where it is accessible to other students.

6. I agree that if my child abuses or ignores this policy, school personnel may confiscate the inhaler/EpiPen and the school may require that it be kept with the school nurse.