

SEVIER COUNTY BOARD OF EDUCATION

AUTHORIZATION FOR SELF-CARRY ADMINISTRATION OF INHALER MEDICATION AT SCHOOL AND SCHOOL RELATED ACTIVITIES

Tennessee state law permits a responsible, trained student to carry and self-administer medication for Asthma with physician authorization and parent request. This authorization is good for one school year and must be renewed by the physician each year.

Name _____ DOB _____ School Year _____

School _____ Grade _____ Teacher _____

Reason for medication _____

Name of medication, dose, administration method _____

Indications for administration _____

PHYSICIAN STATEMENT:

In my opinion, this student shows the capability to _____ carry and or _____ self-administer the above medication.

Physician Signature Print Physician Name Telephone Date

PARENT/GUARDIAN AUTHORIZATION:

I request that my child be allowed to _____ carry and/or _____ self-administer the above medication. I take responsibility for this permission and agree to the following (indicated by parent initials):

_____ I understand that the medication must be in the original, labeled with the name of medication, dosage, directions for use, student name, health care provider name, and date of original prescription. Any leftover medication will be destroyed unless picked up by the last day of the school year.

_____ I understand that Emergency Medical Services (911) will be called anytime for the following symptoms: Severe breathing problems, Cannot do usual activities, Difficulty walking and talking, Rescue medicine is not helping.

_____ I understand and agree that in an emergency in which my child is not capable of self-administering this medication a trained staff member of the school system may administer the medication to my child.

_____ I agree to notify the school immediately of any change in phone number, address, doctor, or contacts.

_____ I agree to release the school district and its employees from liability for any injury that may arise from the administration of the prescription medication while my child is at school or a school-related activity unless in case of wanton or willful misconduct on the part of the school system employee.

Parent Signature Date Student Signature Date

PARENT/EMERGENCY CONTACTS:

NAME PHONE# NAME PHONE #

