

Yukon Public Schools

Please return completed form to your student's school site.

Authorization for Administration OF MEDICATION AT SCHOOL

Student's Name: _____ Birth date: _____ Grade Level: _____

Medication: _____ School: _____ Teacher: _____

Purpose: _____ Dosage: _____ Route: Oral Injection Suppository (Circle One)

Time: _____ Period to Administer _____ to _____ (not to exceed current school year & current school year's summer activities.)

Prescription medication must be in the original container, with the original label stating the student's name, medication, strength, dosage, time to be administered, Licensed Health Care Provider's (LHCP) name, pharmacy's name, address, and phone number. Non-prescription medication must be in a new, unopened bottle with the original label showing age-appropriate dosage instructions. All medications must be furnished by and delivered to the school office by the parent or guardian with legal custody. A student may only self-carry and self-administer medication if it is considered life-saving, and the Licensed Health Care Provider's (LHCP) authorization to self-carry and self-administer (see below) has been completed. The right to self-carry and self-administer medication may be revoked if the student is not able to do so responsibly. All medications must be picked up from the school office by the last day of the school year or it will be DESTROYED. Medication WILL NOT be sent home with the student. Medication will not be administered during school-sponsored summer activities. Students may only self-carry and self-administer life-saving medication (epi injectors, asthma meds, diabetes meds/equip, digestive enzymes) during summer activities if this form is completed and on file.

_____ Prescription medication to be administered according to: label directions or LHCP's written prescription {Attach written prescription}

_____ Non-prescription medication to be administered according to: label directions or LHCP's written prescription (Attach written prescription)

Licensed Health Care Provider's Authorization to Self-Carry and Self-Administer Medication: (Limited to life-saving and emergency medications. Epi Pen, asthma rescue inhaler, nebulizer, diabetes meds, Glucagon.)

Choose One:

_____ Permit the student to self-carry and self-administer the medication/equipment identified above as it may need to be administered at unpredictable intervals or in the event of a medical emergency (diabetes, asthma, anaphylaxis, etc.). The student has been instructed in the correct and responsible use of the medication/equipment and demonstrates sufficient knowledge and ability to self-carry and self-administer above-identified medication/equipment at school.

_____ Student DOES NOT demonstrate sufficient knowledge or ability to self-administer the above-identified medication/equipment at school BUT DO PERMIT the student to self-carry as they demonstrate sufficient knowledge and responsibility; and medication may need to be administered at unpredictable intervals or in the event of a medical emergency.

_____ Student DOES NOT demonstrate sufficient knowledge, ability, or responsibility to self-carry or self-administer the above-identified medication/equipment at school.

Licensed Health Care Provider's Signature _____

LHCP's Name (Print) _____ Date _____

I certify that I am the parent or guardian with legal custody of the above-identified student and request and authorize Yukon Public Schools authorized personnel to administer this medication to such students according to directions above. I understand this medication may be administered by medically untrained school personnel. I give my authorization for the student to self-carry and self-administer the medication if authorized above by the prescribing Licensed Health Care Provider. The school nurse or principal may contact the prescribing Licensed Health Care Provider or pharmacy with questions related to this medication if necessary. I understand that under state law, the board of education, the school district, or the employees of the district shall not be liable to the student or the students' parent(s), legal guardian(s), or other interested parties for civil damages for any personal injuries to the student which result from acts or omissions of school employees, adverse effects from administering the medication I have authorized, or from the self-administration of the medication by the student.

Name of Parent/Guardian with Legal Custody Signature Date

Name of Yukon Public Schools Representative Signature Date