

Hadley Public Schools
Parent/Guardian Permission for Medication Administration

Name of student _____ DOB _____

Name of Parent/Guardian _____

Address _____

street town zip

Telephone #'s _____

home work cell

Allergies to food/medication/other _____

Medication #1

Name _____ Dosage _____ Route _____ Time _____

Medication #2

Name _____ Dosage _____ Route _____ Time _____

1. Is supervised self-administration of medication approved, provided the health services staff determines it is safe and appropriate in the school setting and the prescriber agrees? (The student is monitored by staff while taking the medication, and the medication is stored in a locked cabinet at all times.)

Yes ___ No ___

2. If this student utilizes a rescue inhaler for asthma, and the health services staff determines that it is appropriate and safe:

a.) may they carry their own inhaler and self-administer; reporting to the health service staff member if more than one dose is required? Yes ___ No ___

b.) may they carry and self-administer on a school field trip and during school athletics? Yes ___ No ___

3. If this student utilizes an Epi-Pen for an anaphylactic reaction, and the health services staff determines that it is appropriate and safe, may they carry and self-administer on a school field trip and during school athletics?

Yes ___ No ___

4. I give permission for a health services staff member to delegate administration of this (these) medication (s) to another staff member who has been trained in medication administration procedure.

Yes ___ No ___

5. I give permission for the health services staff to share with appropriate school personnel information relative to the administration of prescribed medication, as s/he deems necessary for my child's health and safety.

Yes ___ No ___

I agree to respond promptly when notified by the health services staff that my child's medication supply is getting low or has an imminent expiration date. I understand that medication will be destroyed if it is not picked up within one week following termination of the order or within 24 hours of student dismissal for summer. I give permission to the health services staff or their designee to consult with the prescriber regarding this order.

Parent/Guardian Signature

Date