



# Holyoke Public Schools

## Self-Administration Medication Form for Parents

Dear Parent/Guardian:

Students may self-administer medications with school nurse, parent/guardian and physician approval. In order for your child to carry and administer his/her own inhaler and/or epinephrine auto injector and/or insulin and/or other medication as prescribed by a licensed physician, you must complete Part A of this form. Part B will be completed in the health office with your child. You may be present during the completion of part B of this form, if you so desire. Your child must be able to answer the questions in Part B or he/she will not be permitted to carry or administer his/her own medication. This is for the safety of your child and others. *This form must be completed IN ADDITION to the parent and prescriber's signed form for the administration of medication in school.* The prescriber's medication order must include approval for self-administration to occur.

### Part A. To be completed by the Parent/Guardian:

I request that my child, \_\_\_\_\_, be permitted to carry on his/her person, the \_\_\_\_\_ inhaler and/or \_\_\_\_\_ Epinephrine auto-injector and/or \_\_\_\_\_ insulin and/or \_\_\_\_\_ medication that has been prescribed. My child has been instructed in and understands the purpose, appropriate method, frequency and use of his/her medication. My child understands that he/she is responsible and accountable for carrying and using his/her medication. My child understands that if he/she self-administers this medication while at school that he/she will inform the School Nurse or closest adult immediately. It is understood that if there is irresponsible behavior or safety risk, the privilege of carrying his/her medication will be rescinded. I will support my child in following the agreement in Part B.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Part B. To be completed by the School Nurse with the Student:

Yes	No	Student is able to:
		name the medication.
		identify the correct medication.
		explain the purpose of the medication.
		state the correct dosage.
		explain when the medication is to be taken.
		demonstrate the correct use/administration.
		state his/her responsibility in carrying his/her own medication(s) and agrees not to share it with others.
		agree to notify the School Nurse or closest adult immediately after self-administering his/her medication during school hours or on school-sponsored trips.
		agree to come to the health office immediately upon taking the prescribed medication or with any questions, concerns or adverse side effects.
		state that the privilege of carrying and administering his/her own medication(s) will be rescinded if he/she does not follow the above agreement.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Nurse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_