Lawrence Public Schools USD 497 Health Services

SELF-ADMINISTRATION PLAN FOR MEDICATION - CONFIDENTIAL

Name of student		Date of birth
School	Grade	Teacher
Medication	Dosage/frequency	
Reason		
Common side effects		
	ELEASE OF INFO MEDICATION TO	RMATION O BE TAKEN AT SCHOOL)
I hereby authorize the mutual release and of medical records (optional) between I understand that the information disclosed	Health Care	and USD 497
The following signatures are also	required to com	plete this form:
Parent		Date
Health Care Provider	red for elementary stud	Date
Student		Date
(Sign after instruction has bee	en given by the school i	nurse)
School Nurse		Date

PARENT INFORMATION

The signatures on this document verify that this student has been instructed in and understands the purpose for the medication and its appropriate method of administration, and has demonstrated proper and responsible self-administration. The medication shall be packaged in the original container and supply a single day's needs (except inhalers). A duplicate inhaler kept in the school health office as a backup is strongly recommended for students with asthma or any emergency medication. Controlled substances may not be self-administered. School personnel do not provide documentation or supervision of self-administered medication, and shall not be held liable for any injury resulting from self-administration of medication or if the student distributes his/her medication to another student.

STUDENT INSTRUCTIONS

- Keep emergency medication with you at all times (inhalers, epi-pens, etc)
- Keep non-emergency medication with you at all times or locked in your locker
- **NEVER** let anyone use your medication (even if you know they use the same one)
- The pharmacy label must be attached to prescriptions; nonprescription medication must be kept in its original package
- Follow manufacturer/physician instructions for administration

Failure to comply with these expectations may result in the immediate loss of self-medication privileges.