

COUNCIL ROCK SCHOOL DISTRICT

Possession/Use of Emergency Medications and other Self-Administered Medications

- In order for your child to self-administer medication during the course of their school hours the district requires the following:
- A statement from the parent/guardian acknowledging that the school is not responsible for ensuring the medication is taken and relieving the district and its employees of responsibility for the benefits or consequences of the prescribed medication or self-administered medical procedure, tests and/or medications.
- A written statement from the physician, certified registered nurse practitioner or physician assistant that states:
 - a. Name of the drug or medical procedure.
 - b. Prescribed dosage
 - c. Times medical procedure, tests and/or medication is to be administered.
 - d. Length of time medication is prescribed.
 - e. Diagnosis or reason medication is needed, unless confidential.
 - f. Potential serious reaction or side effects of medication.
 - g. Emergency response.
 - h. That the student is qualified and able to self-administer the medication
- The student shall be made aware that the emergency medication or other self-administered medical device is intended for his/her use only and may not be shared with other students. Likewise, medication intended for self-administration by the student may not be dispensed by the student to any other student. In the event that the authorized items are lost, misplaced or missing, the student must immediately report it to the school administration.
- The student shall notify the school nurse immediately following each use of the emergency medication. In the event of EpiPen administration, 911 will be called.
- All students must demonstrate to the satisfaction of the school nurse, knowledge of their responsibilities for reporting self-administration of medication and their understanding of school policy prohibiting the dispensing of medication to other students or use of medical testing devices by unauthorized students. Students must demonstrate their understanding of the penalties to be imposed for unauthorized use of testing devices or dispensation of medication.

In order to enable your child to self-administer medical procedures, tests, and/or other medications, please sign below. In doing so, you acknowledge having read and agree with the above statements.

Parent/Guardian Signature _____ Date _____

Student's signature _____ Date _____