



Written Authorization for Self-Administration of Asthma Medication by Minor Children at School

Student Name _____ Date of Birth _____ Grade _____

I, _____, Parent/Legal Guardian of the above named student hereby request authorization for possession and self-administration of asthma medication by this student while in school, at school sponsored activities, while under supervision of school personnel, and while in before school or after school care on school operated property. The student demonstrates full understanding of the proper use of his/her asthma medication and that all inhalers must be used with a spacer to reduce risk of aerosolized respiratory particles.

I, the parent/guardian, understand that:

- Odyssey Charter School and its employees shall incur no liability for a) any injury to the student caused by the self-administration of asthma medication except for injury caused by willful or wanton misconduct; b) the student’s use, misuse, overuse, neglected use, or failed use of his/her asthma medication; & c) lost, misplaced, outdated, inaccessible, empty, or faulty asthma medication and/or devices.
- the school may choose to require supervision of the medication administration in the event that the student does not demonstrate appropriate use or proper technique with asthma medication.
- the school has the authority to enforce rules and consequences for inappropriate behavior demonstrated by the student in association with the possession and/or use of asthma medication, and that the school has the authority to require supervision of medication use as deemed appropriate for the safety of all students and staff.

I, the parent/ guardian, take sole responsibility for:

- monitoring of asthma medication, proper use of medication, and prescription refills of medication. The school will not be responsible for recording, supervising, or monitoring of self –administered asthma medication. I will ensure that student carries medication on his/her person and deciding if a backup inhaler will be kept at the school and providing the school clinic with the back-up medication.
- informing the school in writing of: any changes in treatment of asthma management, any asthma exacerbations, hospitalizations, and/or new or changed student information, any medication side effects the student has experienced, & coordinating distribution of the student’s asthma management and emergency plan to the appropriate school staff.

I understand & agree to the conditions of the Odyssey Charter School policy. I permit the school to seek emergency care for the student if deemed necessary and appropriate. I accept legal responsibility should the medication be misused or given or taken by a person other than the above named student. I release the Odyssey Charter School and its employees from any legal responsibility related to the above named student’s possession and administration of his/her asthma medication.

Parent/Guardian Signature Date

I, _____, the above-named student have been instructed in the proper use of my prescription asthma medication and fully understand when and how to use this medication. I will always carry my medication and spacer with me and will not allow another student to use my medication under any circumstance. I agree to the terms of the Odyssey Charter School policy.

Student Signature Date

The above- named student has been instructed and demonstrates understanding of the proper use of his/her asthma medication. It is my professional opinion that the student be permitted to carry and self – administer his/her asthma medication with a spacer. I have provided the parent with a written asthma management/emergency plan including name, purpose, dosage, and administration directions of the asthma medication.

Physician’s Signature Date



Written Authorization for Self-Administration of Epinephrine Auto-Injectors by Minor Children at School

Student Name _____ Date of Birth _____ Grade _____

I, _____, Parent/Legal Guardian of the above named student hereby request authorization for possession and self-administration of an epinephrine auto-injector by this student while in school, at school sponsored activities, while under supervision of school personnel, and while in before school or after school care on school operated property. The student demonstrates full understanding of the proper use of his/her epinephrine auto-injector.

I, the parent/guardian, understand that:

- Odyssey Charter School and its employees shall incur no liability for a) any injury to the student caused by the self-administration of asthma medication except for injury caused by willful or wanton misconduct; b) the student’s use, misuse, overuse, neglected use, or failed use of his/her epinephrine auto-injector; & c) lost, misplaced, outdated, inaccessible, empty, or faulty medication and/or devices.
- the school may choose to require supervision of the medication administration in the event that the student does not demonstrate appropriate use or proper technique with the epinephrine auto-injector.
- the school has the authority to enforce rules and consequences for inappropriate behavior demonstrated by the student in association with the possession and/or use of asthma medication, and that the school has the authority to require supervision of medication use as deemed appropriate for the safety of all students and staff.

I, the parent/guardian, take sole responsibility for:

- monitoring of the epinephrine auto-injector, proper use of medication, and prescription refills of medication. The school will not be responsible for recording, supervising, or monitoring of self –administered epinephrine. I will ensure that student carries medication on his/her person and deciding if a backup epinephrine auto-injector will be kept at the school and providing the school clinic with the back-up medication.
- informing the school in writing of: any changes in treatment of allergy management, any allergic reactions, hospitalizations, and/or new or changed student medical information, any medication side effects the student has experienced, & coordinating distribution of the student’s allergy management and emergency plan to the appropriate school staff.

I understand & agree to the conditions of the Odyssey Charter School policy. I permit the school to seek emergency care for the student if deemed necessary and appropriate. I accept legal responsibility should the medication be misused or given or taken by a person other than the above named student. I release the Odyssey Charter School and its employees from any legal responsibility related to the above named student’s possession and administration of his/her epinephrine auto-injector.

Parent/Guardian Signature

Date

I, _____, the above-named student have been instructed in the proper use of my prescription epinephrine auto-injector and fully understand when and how to use this medication. I will always carry my medication with me and will not allow another student to use my medication under any circumstance. I agree to the terms of the Odyssey Charter School policy.

Student Signature

Date

The above- named student has been instructed and demonstrates understanding of the proper use of his/her epinephrine auto-injector. It is my professional opinion that the student be permitted to carry and self – administer his/her medication. I have provided the parent with a written allergy management/emergency plan including name, purpose, dosage, and administration directions of the epinephrine auto-injector medication.

Physician’s Signature

Date