Elementary School Health Office Ext. 1343 & 1345 Fax: (570) 853-3092



High School Health Office Ext. 2347 Fax: (570) 853-3918

PHYSICIAN/PARENT REQUEST FOR POSSESSION & SELF ADMINISTRATION OF ASTHMA INHALER or EPINEPHRINE AUTO-INJECTOR BY STUDENT

Special health care procedures and medications may be administered at school by school personnel when such treatment is necessary for school attendance and cannot be otherwise accomplished. This completed form is a requirement for any student who need to possess & self-administer an Asthma Inhaler or Epinephrine Auto-Injector. Please review complete school med policies (attached).

HEALTH CARE PROVIDER SECTION (ITEMS 1-10)

1.	Student name:	DOB:	Grade:	

- 1. Name of medication/procedure _____
- 2. Diagnosis/condition for which prescribed medication/treatment is required
- 3. Dosage and route of administration/instruction (include time schedule)
- 4. Precautions/possible side effects ______
- 5. Curtailment of school activities (sports/gym/recess, etc) _____
- 6. Other medications (prescribed) that student takes outside of school hours
- 8. Date of request _____ Date of termination ____
- 9. Identification of **PA Licensed Health Care Provider Signature Required:**

Health Care Provider's Name (PRINTED)	Health Care Pr	ovider's Signature
	/	
Health Care Provider's Address	–/ –Health Care Pro	vider's Telephone #

PARENT SECTION

I the undersigned parent/guardian of ______, in the case of self-administered asthma inhalers or epinephrine auto-injectors I: Student Name

(a)relieve the SCDA of any responsibility for consequences or benefits of the medication (b) will not hold the SCSD responsible for ensuring that the medication is taken (c) I agree my child shall be subject to the consequences of the district Drug & Alcohol Policy for inappropriate use of medication.

		/	
Parent/Guardian Signature	Date	Telephone #	
School Nurse Approval (name/date):			

Student Possession and Self-Administration of Asthma Inhalers or Epinephrine Auto-Injectors Policy

Students attending the Susquehanna Community School District may possess and self-administer asthma inhalers or epinephrine auto-injectors while in school. Students who need to possess and self-administer these medications must have their parent/guardian submit the necessary documentation to the appropriate building nurse prior to possessing and self-administering them on school grounds.

Students will only be allowed to possess and self-administer asthma inhalers or epinephrine auto-injectors if the following stipulations are met in full:

- 1. Student's parent/guardians acknowledge that the school district holds no responsibility for the benefits or consequences of the medication or for ensuring that the medication is taken.
- 2. Physician acknowledges that the student:
 - a. Has a medical condition requiring the student to possess the prescribed medication on school grounds.
 - b. Has been trained to and is capable of self-administering the medication, which is to be approved by the prescribing provider and reviewed by the school nurse.

Once students are authorized to possess and self-administer asthma inhalers or epinephrine auto-injectors on school grounds, students must abide by the following regulations:

- 1. The school nurse must be informed by the student immediately after each use of the medication, if the use occurred while on school grounds during the normal school day.
- 2. During the school day students authorized to possess an inhaler or epinephrine auto-injector must keep the medication on their person at all times. During physical education classes, recess, and during sports practices and participation, the student may have the supervising teacher and/or coach hold onto the medication so that the student may fully participate in the physical activity.
- 3. Students may not allow other students to possess or use their self carried medication. Students caught doing so will be handled in accordance with the district Drug & Alcohol Policy and their district-granted permission to self carry shall be revoked.