



Hubbard-Radcliffe Community School District Asthma (inhaler) and Epinephrine Auto Injectors Medication Consent Form

Student Name _____ Date of Birth _____ Grade _____

Medication _____

Dosage _____

Directions for use:

Indication/Reason for the medication to be used:

Mark the appropriate option, complete form, sign and date consent:

My child's medication is to be kept in the nurse's office

My child will be allowed to carry and self-administer asthma (inhaler) or Epinephrine at school and in school activities according to this authorization and medication instructions.

-I understand the school district and its employees acting reasonably and in good faith shall incur no liability for any improper use of medication or for supervising, monitoring, or interfering with a student's self-administration of medication.

-I agree to coordinate and work with school personnel and notify them when questions arise or relevant conditions change.

-I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment.

-I agree the information is shared with school personnel as needed in accordance with the Family Education Rights and Privacy Act.

-The medication is brought to school by a parent in the original, labeled container as dispensed or the manufacturer's labeled container.

-I give permission for the school nurse to contact the prescriber about the medication prescribed as needed.

Parent/Guardian Signature _____ Date _____

Parent/Guardian telephone Number(s) _____

Physician Signature _____ Date _____

Physician telephone # _____ Preferred Hospital: _____