CABELL COUNTY SCHOOLS HEALTH SERVICES
AUTHORIZATION OF SELF-ADMINISTRATION OF EMERGENCY (ER) MEDICATION
ONE FORM SIGNED FOR EACH MEDICATION PLEASE

Student____**Grade**_____**HR Teacher**____________________________

Medication____**Dosage**____

The Medication Administration/Medication Log (reverse) must be completed for ER (i.e. Epi-Pen, inhaler) medication. The student must maintain possession of any medication that they are given permission to carry, by the school nurse and the parent, while at school. I request that my child be allowed to carry his/her medication and be responsible for its proper storage and use. The medication must be in the manufacturer's original packaging clearly marked with name of medication, ingredients, dosage, time and route, and medication expiration date. I am aware and understand that the school, Cabell County Board of Education (CCBOE), its employees or agents are exempt from any liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the student. I hold harmless the school, CCBOE, and its employees or guardians, and agents against any claims arising out of the self-administration of medication by the student. I also understand that if my child fails to follow the said agreement, privileges to self-medicate will be withdrawn and/or may be subjected to disciplinary action.

Parent/Guardian Signature: ____________________________________ **Date:** _________________

Phone Number: ____

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FOR SCHOOL USE ONLY
ASSESSMENT OF STUDENT RESPONSIBILITIES FOR CARRYING AND ADMINISTERING MEDICATIONS

School Nurse Observed:

YES	**NO**	Medication expiration date:
		Medication prescribed by physician.
		Medication in original container and labeled with student name.
		Student demonstrates correct use/administration.
		Student recognizes proper and prescribed timing for medication.
		Student states understanding of not sharing medication with others.
		Student agrees to notify teacher/staff should symptoms persist.
		Student agrees to keep medication in an agreed upon location for emergency use: purse, backpack, locker, ______________________________

The student has passed an assessment by the school nurse evaluating the student's technique of self-administration and the student's level of understanding of the appropriate use of emergency medication.

Students Signature: ____ **Date:** _________________________

Nurse Signature: ____ **Date:** _________________________

05/17