

Authorization for Self-Administration of Medication for Asthma/Anaphylaxis

Must be completed each school year

The parent/guardian and Health Care Provider must complete this form. For students who misuse their medication (i.e. allowing other students to use) or who appear unable to safely self-administer it, the medication will be maintained in the nurse's office.



Student's Name: _____ Date of Birth: _____ Grade: _____

To be completed by PARENT or GUARDIAN (REQUIRED):

PERMISSION TO SELF-ADMINISTER MEDICATION

I, _____, authorize my child to self-administer the below medication on school grounds, while participating in school or a school-sponsored activity. I am also authorizing administration by a trained staff member if needed. As parents/guardians of the above named child I/we release the Adelson Educational Campus and its employees or agents from any and all liability for any injuries my child may suffer as a result of this request.

Parent Signature: _____

To be completed by HEALTH CARE PROVIDER (REQUIRED):

MEDICATION ORDER

I, _____, MD/DO/NP/PA authorize the above-named student to self-administer the following with permission of the student's parent or guardian, and deem them capable of self-administration while the student is on school grounds or participating in a school-sponsored activity:

Medications as noted below with the Name, Dose, and Frequency:

Provider Signature: _____

Provider Name & Phone: _____

Prescription medication must be in the original pharmacy-labeled container with specific orders and name of medication.

Please return completed form to the Nurse's Office at The Adelson Campus, 9700 W. Hillpointe Road, Las Vegas, NV 89134, Fax: 702-255-7232