

**HEALTH REQUIREMENTS AND SERVICES: MEDICAL TREATMENT
CLEBURNE INDEPENDENT SCHOOL DISTRICT HEALTH SERVICES
MEDICATION ADMINISTRATION RULES**

No employee shall give any student prescription or non-prescription medications, except those employees authorized by the superintendent or designated Administrator. **NO MEDICATION SHALL BE BROUGHT TO SCHOOL IN BAGGIES OR IN IMPROPERLY LABELED CONTAINERS.**

EPI-PEN AND/OR INHALER SELF-ADMINISTRATION AUTHORIZATION- to be completed by Health Care Provider/Physician.

I have instructed this student, _____, in the proper way to use his/her emergency medication. It is my professional opinion that this student should be allowed to carry and self administer his/her emergency medication. *A second Epinephrine injection and/or inhaler should also be kept in the nurse's office.

It is my professional opinion that this student should not carry or self administer his/her emergency medication.

Yes NO Will student keep a back up Epi-Pen and/or inhaler in clinic?

Physician/N.P. Signature: _____ Date: _____

STUDENT CONTRACT FOR SELF-ADMINISTERED INHALER

(This section must be completed by ALL students who will be carrying an inhaler at school.)

I know how and when to use my inhaler and have discussed this with my doctor.

I know it is my responsibility to keep my inhaler with me so that it is easily accessible in case of an emergency during school hours, extracurricular activities and field trips.

I will notify the school nurse, nurse aide or responsible school staff if I have used my inhaler and it is not working for me or if my symptoms return before I am supposed to use my inhaler again.

I will notify the school nurse or my parents if my inhaler is lost, stolen or expired.

I will not share my inhaler with anyone.

I understand that a "back up" inhaler in the nurse's office is advisable.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

STUDENT CONTRACT FOR SELF-ADMINISTERED EPI-PEN EMERGENCY ALLERGY MEDICATION

(This section must be completed by ALL students who will be carrying an inhaler at school.)

I know how to administer my emergency medication and have discussed it with my doctor and school nurse.

I know it is my responsibility to keep my medication with me so that it is easily accessible in case of an emergency during school hours, extracurricular activities, and field trips.

I will tell a responsible adult/school nurse or nurse aide if I touch or eat a substance to which I am allergic or if I have symptoms of an allergic reaction.

I will tell a responsible adult/nurse/aide if I have used my medication at school.

I will inform the school nurse/aide or my parents if my medication is lost, stolen, or has expired.

I will not share my medication with anyone.

I am involved in before / after school programs or extracurricular activities. They are: _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____