Agreement for Self-Administration
of Asthma and Anaphylaxis Medication

Students are authorized to carry and use medication for asthma or anaphylaxis during the school day, during school-sponsored events or while traveling to and from school or school sponsored activities only if the following conditions are met:

1. The **parent or legal guardian must sign a written request** (medication authorization form) for the student to self-administer medication for asthma or anaphylaxis, and that the student has been trained to administer his or her own emergency medication;

2. A **health care provider (HCP) has prescribed** the medication for use by the student during school hours, and that the **HCP has given the student instructions** in the correct, safe and effective method to use the medication;

3. **The student demonstrates to the professional RN at the school** the skill necessary to use the medication and the device necessary to administer the medication;

To be completed by school RN:

Student demonstration of self-administration	**YES**(Initial)	**NO**(Initial)
Student identifies medication correctly		
Student identifies dose correctly		
Student identifies indications for medication correctly		
Student administers medication correctly		

4. The **student will** at all times **store and utilize the medication in a safe and effective manner** or the privilege of carrying and self-administration of the medication may be modified or revoked by the principal in consultation with the school registered nurse;

	YES(Initial)	**NO**(Initial)
Student identifies correct storage and handling of medication		

5. The **HCP provides a written treatment plan** for managing the asthma or anaphylaxis episodes of the student and for use of medication during school activities. The treatment plan, together with the medication authorization, should include detailed instructions about the medication administration and the situations for which the emergency/rescue medication(s) should be used;

6. The parent/guardian or student (if over 18) must **sign a statement (below) acknowledging that the district shall incur no liability** as a result of any injury arising from the self-administration of medication by the student.

AGREEMENT OF EXEMPTION

The parents/guardians/(18 yr. old student) shall hold harmless and indemnify the school and West Valley School District's officers, employees, and agents against all claims, judgments, or liabilities arising out of the self-administration and carrying of medication by their student/self:_____

_____	_____	_____	_____
(Parent/Guardian)	(Date)	(School Principal)	(Date)
_____	_____	_____	_____
(Student, if 18 yrs. old)	(Date)	(School Nurse)	(Date)