Authorization of Medication Self-Administration

Howard-Winneshiek Community School District
K-8 Bldg: Phone: 563-547-2300, Fax: 563-296-4703
High School: Phone 563-547-2764, Fax: 563-296-4702

Consent Form

<table>
<tr><td colspan="3">Student Name (Last, First, Middle Initial)</td><td>Birthday</td><td>School/Grade</td><td>Date</td></tr>
<tr><td colspan="3">Medication</td><td colspan="3" rowspan="3">Purpose of Medication and Instructions</td></tr>
<tr><td>Dosage</td><td>Route</td><td>Time</td></tr>
<tr><td colspan="3">Special Circumstances</td></tr>
<tr><td colspan="3">Discontinue/Re-evaluate/Follow-up Date</td><td colspan="3">Emergency Contact Name & Phone Number</td></tr>
<tr><td colspan="3">Physician Name (Printed)</td><td colspan="3">Physician Address</td></tr>
<tr><td colspan="3">Physician Signature & Date</td><td colspan="3">Physician Phone Number</td></tr>
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- I request the above-named student possess and self-administer the above medication at school and in school activities according to the authorization and instruction
- 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 supervision, 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 condition changes.
- I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment.
- If using a bronchodilator, may use stock medicine in emergency but not to replace student bringing their own medication.
- I agree the information is shared with school personnel in accordance with the Family Education Rights and Privacy Act (FERPA)
- I agree to provide the school with back-up medication approved in this form
- I authorize school personnel to share pertinent information and contact my child's doctor if necessary
- I understand the student will be responsible to maintain self-administration record

Parent/Guardian Signature and Date _____ Home Phone _____

Parent/Guardian Address _____ Business Phone _____