NEW PRAIRIE UNITED SCHOOL CORPORATION

AUTHORIZATION FOR EMERGENCY MEDICATION OR INHALER ADMINISTRATION

_____ _____

Name of Student Date Initiated

_____ _____

School Grade

Indiana state legislation allows students to self-carry emergency medications if the following conditions are fulfilled:
A. The student has a diagnosed chronic health condition or medical condition that requires an emergency medication.
B. The physician/healthcare provider (HCP) has instructed the student on use of the medication.
C. The physician/healthcare provider (HCP puts into writing the student diagnosis, instruction, and need for emergency medication.

PHYSICIAN STATEMENT

Diagnosis: _____

I agree the student has been instructed on how and when to use the medication:
YES **NO**

Medication Dose and Directions: _____

_____

_____ _____

Physician/(HCP) Signature Physician/(HCP) Name Printed

_____ _____

Office Telephone Date

Parent's Authorization

I agree that _____ (student's name) has been instructed on how and when to use the emergency medication and is able to do so at school. I agree that my student is responsible for self medicating at school and that the privilege may be rescinded if unsafe behaviors occur. I understand a label with the student's name and prescription must be on the medication.

_____

Signature of Parent/Guardian