

Cabell County Schools Health Services

Authorization for Self-Administration of Emergency Medication and/or Over the Counter Medication

Student: _____ Grade: _____ HR Teacher: _____

Medication: _____ Dosage: _____

Emergency Medications: Students prescribed emergency medications are permitted to self-administer per parental permission and by successfully completing the medication administration evaluation by their school nurse. The Medication Administration/Medication Log Form must be completed for emergency medication (Epi-Pen, Inhaler, etc) only. The medication must be in the manufacturer’s original packaging clearly marked with name of the medication, ingredients, dosage, time, route, and medication expiration date.

Over the Counter Medications: ONLY students in grades 9-12 are permitted to self-administer Over the Counter Medications. The medication, up to a 3-day supply, must be in the manufacturer’s original packaging clearly marked with name of medication, ingredients, dosage, time, route, and medication expiration date.

The student must maintain possession of any medication that they are given permission to carry by the school nurse and the parent while at school. I request that my child be allowed to carry his/her medication and be responsible for its proper storage and use. I am aware and understand that the school, Cabell County Board of Education (CCBOE), and its employees or agents are exempt from any liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the student. I hold harmless the school, CCBOE, and its employees or guardians, and agents against any claims arising out of the self-administration of medication by the student. I also understand that if my child fails to follow the said agreement, privileges to self-medicate will be withdrawn and/or may be subjected to disciplinary action.

Parent/Guardian Printed Name & Signature Phone Number Date

For School Use Only

Assessment of Student Responsibilities for Carrying and Administering Medications School Nurse Observed:

Yes	No	Assessments:
<input type="checkbox"/>	<input type="checkbox"/>	Medication expiration date:
<input type="checkbox"/>	<input type="checkbox"/>	Medication prescribed by physician (ER med only).
<input type="checkbox"/>	<input type="checkbox"/>	Medication in original container and labeled with student name.
<input type="checkbox"/>	<input type="checkbox"/>	Student demonstrates correct use/administration.
<input type="checkbox"/>	<input type="checkbox"/>	Student recognizes proper and prescribed timing for medication.
<input type="checkbox"/>	<input type="checkbox"/>	Student states understanding of not sharing medication with others.
<input type="checkbox"/>	<input type="checkbox"/>	Student agrees to notify teacher/staff should symptoms persist.
<input type="checkbox"/>	<input type="checkbox"/>	Student agrees to keep medication in an agreed upon location for emergency use: purse, backpack, locker, _____.

The student has passed an assessment by the school nurse evaluating the student’s technique of self-administration and the student’s level of understanding of the appropriate use of emergency and/or OTC medications.

Student’s Name (Print & Signature): _____ Date: _____

School Nurse (Print & Signature): _____ Date: _____