

EMERGENCY MEDICATIONS

MOUNT VERNON COMMUNITY SCHOOL DISTRICT

SCHOOL YEAR 2018-2019

Complete this form and return to the school nurse if you would like to allow your student to self-administer his/her emergency medication at school.

Students who have demonstrated competence in administering their own medication may do so after the student's parent or guardian sign and date this form and it is approved by the school nurse.

EMERGENCY MEDICATION SELF-ADMINISTRATION

I request that my child be allowed to self-administer his/her medication as he/she has shown the competency to do so. I hereby agree to:

1. Submit this request to the school nurse
2. Ensure the student will notify an adult immediately and see the school nurse as soon as possible if the emergency medication is taken/used.
3. Ensure that the medication will be kept in the student's possession but only with prior written permission from the parent and school nurse.
4. Ensure that the container in which the medication is dispensed is marked with the students name, medication name, dosage and the times to be given.

If it is determined a student is abusing the self administration of medication the parent/guardian will be contacted.

(Student's legal name) _____

Student's grade _____ Room number _____ Teacher _____

and give permission for the student to self-administer

Name of medication _____ Strength _____ Dosage _____

Reason for Medication _____

Date to start _____ and continuing through (Date to end) _____

How administered? By Mouth Inhalation Topical

Injection Other

**Examples of emergency medicines include epinephrine, inhalers, glucagon, ect.

Parent/Guardian Signature _____ Date _____

Approved by school nurse _____ Date _____

Please contact:

Missy Hauser, ES School Nurse
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mhauser@mvcasd.org

Linda See, MS & HS School Nurse
(319) 895-6254
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Thank you for working with us to ensure the health and safety of our students.