CHARTER SCHOOL
OF THE DUNES
7300 East Melton Road | Gary, Indiana 46403
P (219) 939-9690 F (219) 939-9031

AUTHORIZATION FOR SELF-CARRY/ADMINISTRATION OF MEDICINE AT SCHOOL AND AFTER-SCHOOL ACTIVITIES

Board of Education policy permits a responsible, trained student to carry and/or self-administer medication for asthma (wheezing), severe allergic (anaphylactic) reaction, or diabetes on his/her person for immediate use in a life-threatening situation with written order of physician, parent request, school nurse and principal approvals.

PHYSICIAN/PRESCRIBING HEALTH CARE PROVIDER

Name of Student _____ Date _____ D.O.B. _____
Address _____ Grade _____

Condition for which the medication is administered _____

Name of medication, dose and method administered _____

Time or indication for administration _____

Is this a controlled drug _____ Yes _____No

Side effects to be noted/reported _____

Other recommendations _____

Duration (dates) of administration: From _____ to _____(limit of one school year)

IN MY OPINION, THIS STUDENT SHOWS CAPABILITY TO CARRY AND SELF-ADMINISTER THE ABOVE MEDICATION.

_____

Physician Signature Print Name Telephone Date

PARENT/GUARDIAN AUTHORIZATION

I request that my child, named above, be permitted to: _____ carry _____ self-administer the above ordered medication. I take responsibility for this permission. I understand that the medication must be in the original pharmacy container, labeled with name of student, prescribing health care provider, and medication; date of original prescription; strength and dose of medication; and directions for use. No more than a 45 school day supply of medication will be kept at school. This medication will be destroyed unless picked up within one week after the end of the school year or end of the medical order.

_____

Parent Signature Date Student Signature Date

_____

Parent Telephone Numbers

We accept the parent request and physician statement. We will permit and assist the student to be responsible, but reserve the right to withdraw the privilege if the student shows signs of irresponsible behavior or there is a safety risk. We will contact the parent as soon as possible in this even.

_____

School Nurse Signature Date Principal Signature Date