

Los Lunas Schools

Authorization and Protocol For Self-Administered Medication

Name of Student: _____

Date of Birth: _____ Grade: _____ School: _____

In order for your child to carry a self-administered emergency medication on his/her person, the following must be understood and agreed upon by the student and parents:

1. The student may utilize the prescribed self-administered medication as needed and directed by his/her health care provider.

2. The doctor's signature indicates the student has been instructed on the proper use of the prescribed medication.

3. The medication must be properly labeled with the student's name.

4. Both the Authorization for Prescribed Medication form and this Protocol must be signed by the parent/guardian and placed on file at the school prior to your child carrying a self-administered medication on his/her person.

5. **INHALER: NO DIRECT MONITORING** will be conducted by the school staff. The student is responsible for self-administration of the inhaler. If the student continues having difficulty breathing, he/she should report to the health office and the parents will be notified by the appropriate school staff.

6. **SELF-ADMINISTERED EMERGENCY EPINEPHRINE: NO DIRECT MONITORING** will be conducted by the school staff. The student is responsible for notifying school staff in the event he/she had the need to self-administer the emergency medication.

7. **DIABETIC MEDICATION AND SUPPLIES: NO DIRECT MONITORING** will be conducted by the school staff. The student is responsible for recognizing the signs of hypoglycemia or hyperglycemia and notifying an adult.

A Prescribed Diabetic Management Plan must be on file signed by the health care provider, parent/guardian, and the student.

Supplies, including insulin, will be the responsibility of the parent/guardian and the student. A sharps container is mandatory to dispose of lancets and needles.

Emergency supplies for hypoglycemia and/or hyperglycemia will be kept in the health office during the school year and are the responsibility of the parent/guardian and the student.

8. The parent/guardian will immediately notify the school if the child's health status changes, or when a change in health care provider and/or medication occurs. Changes in procedure must be received in writing from the health care provider authorizing treatment.

9. The Los Lunas Public Schools will not assume any risk involved with improper handling of this medication including: overuse, improper administration, breakage, theft, loss, sharing, playing with or careless storage of medication.

10. Re-evaluation of the present protocol may be needed if the student is found to display behavior that increases the safety risks of him/herself or the students on campus.

11. This agreement shall remain in effect until written notice to terminate the agreement is received and acknowledged in writing by the school principal. If this agreement is terminated by either the parent or school principal, the child will no longer be authorized to carry and/or self-administer any medication at school.

Principal: _____ Date: _____

Parent/Guardian: _____ Date: _____

School Nurse: _____ Date: _____

Reviewed 8/10/16