

**MARYVILLE R-II SCHOOL DISTRICT AUTHORIZATION
FOR SELF ADMINISTRATION OF MEDICATION AT SCHOOL AT SCHOOL OR
AFTER-SCHOOL ACTIVITIES**

In accordance with School Board policy JHCD, s student may carry and self-administer medication for the treatment of Asthma, Anaphylaxis, or Diabetes on district property, at district-sponsored activities, and in transit to and from school or activities in accordance with law. The district will not allow any student to self-administer medications unless:

1. The medication is prescribed by the student's physician and is in original container with directions for use.
2. The physician has provided a written treatment plan for the condition for which the medication is prescribed and certifies that the student is capable and responsible in use of the medication. The student must demonstrate to the physician or physician's designee the skill necessary to use the medication.
3. The student has demonstrated proper self-administration technique to school nurse.
4. The student's parent/guardian has signed a statement authorizing self-administration of the medication.

Name/Dose of Medication _____

Diagnosis for which medication is needed _____

I authorize the Maryville School District to allow my child to carry and self-administer medication for Asthma, Anaphylaxis, or Diabetes. I acknowledge that the district and its employees or agents will incur no liability as a result of any injury arising from the self-administration of such medication. The school nurse reserves the right to withdraw the privilege if the student shows signs of irresponsible behavior that could pose a safety or health risk.

Student's Name _____ Grade _____

Parent/Guardian Signature _____ Date _____

The above student has been instructed in correct administration of above medication and has demonstrated correct technique. In my opinion, this student shows capability to carry and self-administer the above medication.

Physician Signature _____ Date _____