

## Cologne Academy

### SELF-ADMINISTRATION OF MEDICATION AUTHORIZATION

When a prescribing health professional, parent/guardian, student and school health office personnel/building principal agree that self-administration of medication is appropriate for an individual student, the procedure must be done safely, carefully and accurately. A written order by a prescribing health professional and written authorization by the parent/guardian must be provided to the school. The medication must be brought to school in a container appropriately labeled by a pharmacist or the prescribing health professional.

This form must be completed by the prescribing health professional and parent/guardian and returned to the School Office. Orders must be renewed annually or whenever medication, dosage, or administration changes.

School: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Fax No. \_\_\_\_\_

*TO BE COMPLETED BY PRESCRIBING HEALTH PROFESSIONAL*

I believe that \_\_\_\_\_ is capable of self administering the following medication:

Medication	Route	Dose	Frequency
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I recommend self-administration of this medication for treatment of: \_\_\_\_\_

Comments: \_\_\_\_\_

Discontinuation Date: \_\_\_\_\_

_____ Signature Prescribing Health Provider	_____ Print Name	_____ Phone	_____ Date
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The school intends to use the requested information to provide for your child's health and safety needs while at school. You may refuse to supply the requested personal information. There will be no consequence for not providing the information. It may result in an incomplete health and safety plan for your child. The information you provide will be shared only with staff in the school whose jobs require access to this information to ensure your child's safety and school success.

*I hereby give permission/or my child to self-administer medication at school as prescribed by my child's prescribing health professional.*

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

#### ***STUDENT AGREEMENT***

I agree to:

- Follow my prescribing health professional's orders
- Use correct medication administration technique
- Not allow anyone else to use my medication
- Notify the School Office under the following circumstances:
- My symptoms continue or get worse after taking my medication
- I suspect that I am experiencing side effects from my medication

Other \_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

*Permission for the self-administration of medication may be suspended if the student is unable to maintain the procedural safeguards established in the above agreement. If there is disagreement related to this procedure, the case may be referred to the building principal.*