Form Revised
January 2014

WRITTEN STATEMENT FOR SELF-ADMINISTRATION OF MEDICATION FOR POTENTIALLY LIFE THREATENING CONDITIONS

District_____ Grade/Teacher_____

School_____

STUDENT INFORMATION

Name_____ Birth date_____

Age_____ Weight_____

Allergies_____ or Other conditions_____

MEDICATION INFORMATION (To be completed by physician or practitioner)

Note: All medications MUST be in its original pharmacy container.

Name of medication_____

Expiration date_____ Start date_____ End date_____

Dosage_____ Time(s) to be taken at school_____

How medication is to be taken (circle) *oral, inhaled, to skin, to eyes, to ears, other*_____

Diagnosis/Health concern_____

Side effects_____

Other medications currently taken by student_____

Comments/Additional information_____

Physician/Practitioner signature_____ Date_____

By Signing Below:

1. I am requesting that the medication listed above be taken by my child as directed above. I understand that it is my child's responsibility to report each instance of self-administration to a teacher, principal, or nurse.
2. I acknowledge having read and understood W.S. 21-4-310 (provided).
3. I acknowledge having read and understood the policy of this district regarding self-administration of medication at schools.

*Parent/Guardian*_____ Date_____

*Emergency contact number*_____

APPROVED: SCHOOL NURSE_____ Date_____

SCHOOL PRINCIPAL_____ Date_____

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PERMISSION FORM TO ADMINISTER EMERGENCY MEDICATION OR PERFORM EMERGENCY PROCEDURE

Student Name_____ Date_____

I hereby give permission for the school personnel listed below to administer the medication or perform the procedure listed below for by child, whose name is listed above. I release the persons listed below and this school district and its agents from liability.

Emergency medication(s) to be administered:_____
Emergency procedure(s) to be performed:_____

Personnel who have my permission to administer the medication and/or perform the emergency procedure are:

_____ _____
_____ _____
_____ _____

Please check one of the following statements.

In the event the school personnel listed above are not available to administer the medication or perform the procedure listed above when my child is in an emergency situation requiring the medication or procedure, I hereby authorize anyone who is willing to administer the medication or perform the procedure to do so.

In the event the school personnel listed above are not available to administer the medication or perform the procedure listed above when my child is in an emergency situation requiring the medication or procedure, no one, other than a medical professional, is authorized to administer the medication or perform the procedure to do so. In checking this item, I accept all consequences which may arise from this delayed treatment, which may include severe injury or death.

Please check one of the following statements.

I agree to allow the school nurse to assist me in training school personnel. I also release the school nurse and this district and its agents from liability in this training situation.

I will not allow the school nurse to assist me in training school personnel.

Parent Signature _____ Date _____

Comments:_____
_____
_____
_____
_____
_____
_____

Wyoming Statute 21-4-310

Self-administration of medication for potentially life threatening conditions

(a) The district board shall permit a student to possess and self-administer within any school of the district medication required for potentially life threatening conditions if a written statement is submitted to the district containing applicable:

(i) Parental verification that the student is responsible for and capable of self-administration and parental authorization for self-administration of medication required for potentially life threatening conditions;

(ii) Health care provider identification of the prescribed or authorized medication required for potentially life threatening conditions and verification of the appropriateness of the student's possession and self-administration of the medication required for potentially life threatening conditions.

(b) The written statement shall be prescribed by the department of education, with the assistance of the department of health, and shall require the signatures of the parent or guardian of the student and the student's physician or physician's representative.

(c) As used in this section:

(i) "Asthma medication" means prescription or nonprescription inhaled asthma medication;

(ii) "Potentially life threatening conditions" includes, but is not limited to asthma, food allergies and insect bites;

(iii) "Medication required for potentially life threatening conditions" includes, but is not limited to asthma medication and prescription single dose epinephrine pens.

http://law.justia.com/codes/wyoming/2011/title21/chapter4/section21-4-310