

**AUTHORIZATION AND PROTOCOL FOR SELF-ADMINISTERED MEDICATION
WITHIN THE COUNTY OF RIVERSIDE**

(Authorization for Prescription & OTC Medications Form is also required for Self-Administered Medications)

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:

The student may utilize the prescribed self-administered medication as needed and directed by his/her physician. It is understood that the student has been instructed on the proper use of the prescribed medication. The medication must be properly labeled with the student's name. **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.

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.

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.

- It is the parents' responsibility to immediately notify the school if the child's health status changes, or when a change in physician and/or medication occurs. Changes in procedure must be received in writing from the physician authorizing treatment.
- The district is not responsible for any risk involved with improper handling of this medication including: overuse, improper administration, breakage, theft, loss, sharing, playing with or careless storage of the medication.
- Re-evaluation of the present protocol may be needed if the student is found to display behavior that increases the safety risks of him/her self or the students on campus.

III. PERMISSION TO CARRY AND SELF-ADMINISTER ASTHMA MEDICATION AND AUTO-INJECTABLE EPINEPHRINE (i.e. Epi-Pen)

TO BE COMPLETED BY THE PHYSICIAN: The above-named student has been instructed in the proper use of their asthma inhaler/emergency medication. The child's well-being is in jeopardy unless this medication is carried on his/her person. Therefore, I request that he/she be permitted to carry the asthma inhaler/emergency medication at school. He/she is capable of self-administering the medication, understands the purpose, appropriate method, and frequency of use of the asthma inhaler/emergency medication.

PHYSICIAN'S SIGNATURE: _____ **DATE:** _____

PRINTED/TYPED NAME OF PHYSICIAN: _____

TO BE COMPLETED BY THE PARENT/GUARDIAN: I permit my child to carry the above-listed asthma inhaler/emergency medication as ordered by his/her physician. I also specifically release the school district and all school personnel from any and all civil liability if my child suffers an adverse reaction as a result of self-administering medication during school hours.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

TO BE COMPLETED BY THE STUDENT: I have been instructed in the proper use of my medication and will take it as prescribed to me by my physician. I understand that using my medication in a manner other than as prescribed by my doctor can result in disciplinary action taken against me by my School/District.

STUDENT'S SIGNATURE: _____ **DATE:** _____

Please return the fully completed forms to your child's school health office signed by the physician, parent/guardian, and student. Medication forms must be renewed at the beginning of each school year or whenever there is a change in medication or instructions.

NO MEDICATION WILL BE ALLOWED WITHOUT THE REQUIRED SIGNATURES

AUTORIZACION Y PROTOCOLO PARA AUTOMEDICACIÓN
DENTRO DEL CONDADO DE RIVERSIDE
 (Debe Completarse “Autorización Para Medicamentos Rectadas y Sin Receta”)

Nombre del Estudiante:	Fecha de Nacimiento:	Grado:	Escuela:
------------------------	----------------------	--------	----------

Para que su hijo/a pueda traer consigo un medicamento de emergencia para auto administrárselo, los padres y estudiante deben entender y estar de acuerdo con lo siguiente:

El estudiante podrá administrarse el medicamento según lo necesite de acuerdo a las instrucciones de su médico. Se entiende que el estudiante ha sido instruido en el uso apropiado del medicamento recetado. El medicamento debe estar apropiadamente etiquetado con el nombre del estudiante. Antes de que su hijo/a pueda traer consigo un medicamento para auto administrárselo, **Tanto el formulario de Autorización para Medicamentos Recetados como este Protocolo** deben ser firmados por el padre/guardián y puesto en el expediente escolar.

Inhalador: No se conducirá ningún monitoreo directo por medio de los empleados escolares. El estudiante es responsable por la automedicación con el inhalador. Si el estudiante continúa teniendo dificultad para respirar, deberá dirigirse a la oficina de salud y el personal adecuado notificará a los padres.

Automedicación de Epinephrine en caso de emergencia: No se conducirá ningún monitoreo directo por medio de los empleados escolares. El estudiante es responsable de la notificación a empleados escolares en el caso de que necesite auto administrarse la de emergencia.

- Es responsabilidad de los padres notificar inmediatamente a la escuela, si cambia el estado de salud del estudiante o cuando ocurra un cambio de médico y/o medicamento. Los cambios de procedimientos deberán ser recibidos por escrito de parte del médico que esté autorizando el tratamiento.
- El distrito no es responsable por ningún riesgo implicado con el manejo de este medicamento incluyendo: sobredosis, administración inapropiada, ruptura, robo, pérdida, compartir, jugar o el descuido en el almacenamiento del medicamento.
- Puede que sea necesario reevaluar este protocolo en caso de que se encuentre que el estudiante presenta una conducta que aumente los riesgos de seguridad para sí mismo o para otros estudiantes en la escuela.

III. PERMISO PARA TRAER CONSIGO Y AUTO-ADMINISTRARSE MEDICAMENTO PARA ASMA Y AUTO-INYECTARSE EPINEPHRINE (i.e.Epi-Pen)

TO BE COMPLETED BY THE PHYSICIAN: *The above-named student has been instructed in the proper use of their asthma inhaler/emergency medication. The child’s well-being is in jeopardy unless this medication is carried on his/her person. Therefore, I request that he/she be permitted to carry the asthma inhaler/emergency medication at school. He/she is capable of self-administering the medication, understands the purpose, appropriate method, and frequency of use of the asthma inhaler/emergency medication.*

PHYSICIAN’S SIGNATURE: _____ **DATE:** _____
PRINTED/TYPED NAME OF PHYSICIAN: _____

COMPLETADO POR EL PADRE/GUARDIÁN: Permiso que mi hijo/a traiga consigo el inhalador de emergencia para el asma según lo ordenado por su médico. También libero al distrito escolar y a todos los empleados de la escuela de cualquier responsabilidad civil en caso de que mi hijo/a sufra una reacción adversa como resultado de la auto-administración del medicamento durante las horas de clases.

FIRMA DEL PADRE/GUARDIÁN: _____ **FECHA:** _____

COMPLETADO POR EL ESTUDIANTE: Me han enseñado el uso apropiado de mi medicamento y lo tomaré de acuerdo a las instrucciones dadas por mi médico. Entiendo que el uso se mi medicamento de cualquier otra forma que la prescrita por mi médico, puede tener como resultado una acción disciplinaria por parte de la Escuela/Distrito.

FIRMA DEL ESTUDIANTE: _____ **FECHA:** _____

Favor de regresar el formulario completo y firmado por el médico, padre/guardián y estudiante a la oficina de salud de la escuela de su hijo/a. Los formularios de medicamentos deben ser renovados a principios de cada año escolar o cada vez que haya un cambio en la medicamento o instrucciones de uso.

NO SE PERMITIRÁ NINGÚN MEDICAMENTO SIN LAS FIRMAS REQUERIDAS.