

ELEMENTARY SCHOOL MEDICATION EXCEPTION FORM

We recognize that some students may need to carry and self-administer asthma inhalers, epinephrine and/or insulin/glucagon during the school day. An **elementary student** who carries and self-administers these medications must have this **EXCEPTION FORM**, in addition to the standard Authorization for Administration of Medication at School form. A backup supply of the same medication must be provided by the parent and stored in the locked medication cabinet.

Board Policy 3416 – Medications considered to be controlled substances under federal law may not be carried and self-administered by a student under any circumstances.

THIS PORTION TO BE COMPLETED BY THE HEALTH CARE PROVIDER

Student Name: _____ Birthdate: _____ School: _____ Grade: _____

Diagnosis: _____

Medication: _____

Treatment plan: _____

In order to allow the student to carry and self-administer medication at school, she/he must have been instructed and monitored on proper technique by the student’s health care provider before bringing the medication to school.

Date of Instruction: _____ Who Instructed: _____

Health Care Provider Signature: _____ **Date:** _____

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

I give permission for my child, _____, to carry and self-administer the above medication at school per health care provider instructions.

Parent Signature: _____ **Date:** _____

Parent Email: _____

THIS PORTION TO BE COMPLETED BY THE SCHOOL NURSE

Student demonstrated appropriate self-usage of the above medication to the School Nurse.

School Nurse Signature: _____ **Date:** _____