STUDENT PERSONNEL

Series 500

EXHIBIT AUTHORIZATION-ASTHMA, AIRWAY CONSTRICTING OR RESPIRATORY DISTRESS MEDICATION ADMINISTRATION CONSENT FORM No. 507.2E1

_____

Student's Name (Last), (First) (Middle)

___/___/___ _____ ___/___/___

Birthday School Date

The following must occur for a student to self-administer asthma medication, bronchodilator canisters or spacers or other airway constricting disease medication or for a student with a risk of anaphylaxis to self-administer an epinephrine auto-injector:

- Parent/guardian provides signed, dated authorization for student medication self-administration.
- Physician (person licensed under chapter 148, 150, or 150A, physician, physician's assistant, advanced registered nurse practitioner, or other person licensed or registered to distribute or dispense a prescription drug or device in the course of professional practice in Iowa in accordance with section 147.107, or a person licensed by another state in a health field in which, under Iowa law, licensees in this state may legally prescribe drugs) provides written authorization containing:
    - Name and purpose of the medication,
    - prescribed dosage,
    - times or special circumstances under which the medication is to be administered.
- The medication is in the original, labeled container as dispensed or the manufacturer's labeled container containing the student name, name of the medication, directions for use, and date.
- Authorization is renewed annually. If any changes occur in the medication, dosage or time of administration, the parent/guardian is to notify school officials immediately. The authorization shall be reviewed as soon as practical.

Provided the above requirements are fulfilled, a student with asthma, respiratory distress, or other airway constricting disease may possess and use the student's medication while in school, at school-sponsored activities, under the supervision of school personnel, and before or after normal school activities, such as while in before-school or after-school care on school-operated property. If the student abuses the self-administration policy, the ability to self-administer may be withdrawn by the school or discipline may be imposed.

Pursuant to state law, the school district or accredited nonpublic school and its employees are to incur no liability, except for gross negligence, as a result of any injury arising from self-administration of medication by the student. The parent or guardian of the student shall sign a statement acknowledging that the school district or nonpublic school is to incur no liability, except for gross negligence, as a result of self-administration of medication by the student as established by Iowa Code § 280.16.

_____ _____ _____ _____

Medication Dosage Route Time

Purpose of Medication & Administration /Instructions

Special Circumstances

Discontinue/Re-Evaluate/
Follow-up Date

Prescriber's Signature

Date

Prescriber's Address

Emergency Phone

- I request the above named student possess and self-administer asthma medication, bronchodilator canister or spacer or other airway constricting disease medication(s) at school and in school activities according to the authorization and instructions.
- I understand the school district and its employees acting reasonably and in good faith shall incur no liability for any improper use of medication or for supervising, monitoring, or interfering with a student's self-administration of medication
- I agree to coordinate and work with school personnel and notify them when questions arise or relevant conditions change.
- I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment.
- I agree the information is shared with school personnel in accordance with the Family Education Rights and Privacy Act (FERPA).
- I agree to provide the school with back-up medication approved in this form.
- Student maintains self-administration record.

Parent/Guardian Signature
(agreed to above statement)

Date

Parent/Guardian Address

Home Phone

Business Phone

Self-Administration Authorization Additional Information

Date Approved: May 23, 2016
Last Date Reviewed: September 26, 2022
Last Date Revised: September 26, 2022