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

In accordance with applicable laws, students with asthma, airway constricting diseases, respiratory distress or students at risk of anaphylaxis who use epinephrine auto-injectors may self-administer their medication upon the written approval of the student's parents and prescribing licensed health care professional regardless of competency. The following must occur for a student to self-administer asthma medication, bronchodilator canisters or spacers, other airway constricting disease medication or 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 prescribed 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, the school shall permit the self-administration of the prescribed medication 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 If the student abuses the self-administration policy, the ability to self-administer may be withdrawn by the school or discipline may be imposed.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: August 17, 2023
Last Date Revised: August 17, 2023