

**McPherson County Schools
Health Services**

Smoky Valley USD 400 McPherson USD 418 Canton/Galva USD 419 Moundridge USD 423 Inman USD 448

Permission to Self-Carry Emergency Medication

A Request to Medicate for must be completed and signed by a licensed medical provider and parent.

Student:	Birthdate:	School:
DOB:	Grade:	Teacher:
Physician diagnosis/Reason for medication:		
Medication, dosage, frequency (as written by licensed medical provider):		

1. Student is capable of identifying individual medication.	Yes	No
2. Student is able to identify specific symptom and purpose of this medication.	Yes	No
3. Student is knowledgeable of medication and dosage and method of medication administration.	Yes	No
4. Student is able to state side effect/adverse reactions to this medication.	Yes	No
5. Student is knowledgeable of how to access assistance for self in an emergency.	Yes	No
6. Student is capable of self-administering the medication.	Yes	No

The lawful custodian will only send a single days supply of medication to school, with the exception of inhalers. The medication shall be packaged in the original container, which identifies the name of the student to receive the medication and the name and dosage of medication.

I acknowledge that the school incurs no liability for any injury resulting from the self-administration of medication. All medication, prescription and over-the counter require a medical provider's signature.

A student may not give medication to another student. Any abuse of a self-administration plan will result in the loss of privilege.

Signature of Parent: _____ Date: _____

Signature of Student: _____ Date: _____

Signature of School Nurse: _____ Date: _____

IMPORTANT NOTE: In order for a student to have access to an inhaler at all times, it is recommended that one inhaler be kept by the school nurse as a back up to the one carried by the student.