

**FCSC POLICY APPENDIX 5.37 E**

**FAYETTE COUNTY SCHOOL CORPORATION  
Authorization for Self-Carry/Administration of Inhaler or Emergency Medication  
PHYSICIAN/PRESCRIBING HEALTH CARE PROVIDER ORDER**

Name of Student \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_  
Address \_\_\_\_\_ Grade \_\_\_\_\_  
Allergies \_\_\_\_\_  
Condition for which medication is administered \_\_\_\_\_  
Name of medication, dose and method administered \_\_\_\_\_  
Time or indication for administration \_\_\_\_\_  
Side effects to be noted/reported \_\_\_\_\_  
Instructions that school personnel should follow if the medication does not produce expected relief \_\_\_\_\_

Other recommendations \_\_\_\_\_  
Duration (dates) of administration: From \_\_\_\_\_ To \_\_\_\_\_ (Limit of one school year)  
Severe reactions that may occur to another student for whom the medication is not prescribed, should he/she receive a dose of the medication \_\_\_\_\_

**IN MY OPINION, THIS STUDENT SHOWS THE CAPABILITY TO CARRY AND/OR SELF-ADMINISTRATE THE ABOVE MEDICATION.**

\_\_\_\_\_  
Physician Signature Print Name Telephone Date

**PARENT/GUARDIAN AUTHORIZATION**

I request that my child, named above, be permitted to carry/self-administer the above ordered medication.  
I take responsibility for this permission.

\_\_\_\_\_  
Parent/Guardian Signature Date Telephone Numbers(home & work)

**STUDENT CONTRACT**

Responsibilities for Carrying Inhaler/Emergency Medication

Observed

Yes	No	
___	___	Demonstrates correct use/administration
___	___	Recognizes proper and prescribed timing for medication
___	___	Does not share medication with others
___	___	Keeps medication in agreed location _____
___	___	Agrees to come to the building clinic after using inhaler/emergency medication for evaluation.

\_\_\_\_\_  
Student Signature Date

We accept the parent request and physician statement. We will permit and assist the student to be responsible but reserve the right to withdraw the privilege if the student shows signs of irresponsible behavior or if there is a safety risk. We will contact the parent as soon as possible in this event.

\_\_\_\_\_  
Nurse Signature Date Principal Signature Date