



Clarksville Montgomery County School System
HEALTH SERVICES

AUTHORIZATION and CONTRACT for SELF-CARRY/ADMINISTRATION
OF MEDICINE AT SCHOOL

Clarksville-Montgomery County School System policy permits a responsible, trained student to carry and/or self-administer medication for asthma (wheezing), severe allergic (anaphylactic) reaction, or diabetes on his/her person for immediate use in a life-threatening situation, or for conditions that require the student to have continuous access to medication, with written order of physician, parent request, school nurse and principal approvals.

Contract for Self-Carried Medications

Student's full name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Condition: \_\_\_\_\_ Medication: \_\_\_\_\_

Responsibilities for Carrying Medication

Observed by school nurse

Table with 2 columns: Yes, No. Rows include: Healthcare action plan completed, Demonstrated correct use/administration, Recognizes proper and prescribed timing for medication, Does not share medication with others, Keeps medication in secure location as agreed upon, Principal aware, Agrees to come directly to Health office if having any of the following symptoms after or during use of medication.

The above named student (does/does not) demonstrate the specific responsibilities. The student may carry the medication unless and until he/she fails to follow the above agreement.

Comments or additional responsibilities as listed: \_\_\_\_\_

Student signature/date

School Nurse signature/date

PARENT/GUARDIAN AUTHORIZATION

I request that my child, named above, be permitted to carry and/or self-administer emergency medication as ordered by healthcare provider. I take complete responsibility for this permission. I understand that the medication must be in the original pharmacy container, labeled with name of student, prescribing health care provider, and medication; date of original prescription; strength and dose of medication; and directions for use. This medication will be destroyed if left at school at the end of the school year, or medication expires, or end of the duration of the medication order. I understand that if my child fails to meet the responsibilities set forth above he/she may lose the permission to carry this medication.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Phone numbers: \_\_\_\_\_

It is understood that the medication is administered solely at the request of and as an accommodation to the above signed parent or guardian. The above signed parent/guardian hereby agrees to release the Clarksville-Montgomery County School System and its personnel from any legal claim which they now have or any thereafter have arising out of the monitoring of self-administration of or failure to monitor self-administration of the medication to the student.