

## EMERGENCY MEDICATION DOCTOR'S ORDER FORM

(FOR SELF CARRY/SELF-ADMINISTERED MEDICATIONS)

A provider order and parent/guardian permission are **REQUIRED** for all medications administered at school and/or school sponsored activities. **\*\*Athletes will not be permitted to participate in sports without current orders.\*\***

The below **provider attestation** is **REQUIRED** for a student to ***independently carry and use a medication*** such as inhaled respiratory rescue medication, epinephrine auto injector, insulin, glucagon and diabetes supplies, or other medications requiring rapid administration along with parent/guardian permission to allow this option. Students who participate in sports are required to be able to independently carry and administer these medications.

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

### Health Care Prescriber Medication Order

Diagnosis: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

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

Dose & Route: \_\_\_\_\_ Dose & Route: \_\_\_\_\_

Time: \_\_\_\_\_ Time: \_\_\_\_\_

### Provider Permission for Self-Administration and Carry:

No  Yes, I attest this student has demonstrated that they can self-administer the medication(s) listed above effectively and may carry and use this medication independently at any school/school sponsored activity. Staff intervention and support are needed only during an emergency.

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

Provider's Name \_\_\_\_\_

Provider's Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_



### Parent/Guardian Permission for Medication

I agree that my child can self-administer and will carry the medication as prescribed above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_