The Vanguard School

A Program of Valley Forge Educational Services

PERMISSION TO CARRY & SELF-ADMINISTER

2021-2022 School Year

The authorization to carry and self-administer Epinephrine or an inhaler must be completed by a parent/legal guardian and a physician. It is not recommended that Elementary School students carry or self-administer medications. If your child self-administers his or her medication, it is our recommendation that additional medication be kept in the school health office in case the student forgets or misplaces the medication. Students who self-administer Epinephrine or an inhaler should notify the nurse as soon as possible after using the medication. The school nurse will assess the status of the student, call 911 if necessary, and contact the parent/legal guardian if deemed necessary. Please ensure all emergency medications, Epinephrine auto-injectors and inhalers, are supplied with the original pharmacy label and student's name on the medication.

This signed form is good for the current school year and is kept on file in the Vanguard School's health office. If you have any questions please contact nursing@vfes.net or call 610-296-670 x208 or 270.

Student Name _____ Student's Date of Birth_____ Grade _____

Name of Medication _____ Dosage_____

Route_____ Frequency_____ For treatment of _____

Directions for Administration _____

To self-medicate, the above student must meet the following criteria. Please check all that apply. The student:

____ responds to and visually recognizes his/her name.

____ identifies his/her medication and correctly uses it as prescribed on the pharmacy label.

____ accepts responsibility for informing the school nurse when he/she has used the medication.

____ demonstrates a cooperative attitude in all aspects of self-administration of medication.

The above-named student has demonstrated the ability to self-administer the physician-prescribed emergency medication, as indicated by the criteria above.

Signature of School Nurse_____ Date _____

I, the parent/legal guardian of _____ relieve The Vanguard School and its employees of any responsibility for the benefits or consequences of the above-listed medication when it is physician-prescribed and parent/guardian authorized. I further acknowledge that the school bears no responsibility for ensuring that medication is taken. I am aware that any improper use or sharing of the medication will result in immediate confiscation of the medication and loss of privilege to self-administer.

Parent/Legal Guardian Signature _____ Date _____

I agree to be solely responsible for my emergency medication and to follow the directions for its use as ordered by my physician. I am aware that any abuse of this privilege will result in confiscation of my medication and loss of privilege to self-administer.

Student Signature _____ Date _____

The above student has received instruction in my office regarding the safe handling and administration of the medication listed above.

Physician Signature _____ Date _____

*Please ensure The Vanguard School health office has a copy of the necessary Asthma Action Plan and/or Anaphylaxis Action Plan if applicable, and the Medication Administration Authorization Form on file.