



Medication Self-Administration by Student/Asthma Inhaler/Epinephrine Auto-Injector

Student's Name	Grade	Date
Name of Medication	Dosage	Frequency

Parent/Guardian- As the parent/guardian of above named student, I relieve the Berks Career and Technology Center and its employees of any liability or responsibility for the benefits or consequences of the above listed medication when it is physician-prescribed and parent/guardian authorized. I further acknowledge that Berks Career and Technology Center bears no responsibility for ensuring that the medication is taken. I am aware that any improper use/sharing of the above named medication will result in the immediate confiscation of the asthma inhaler/epinephrine auto-injector and loss of privilege to self-administer if the medication policy is violated.

Location of Medication- (Example; Backpack, Purse, Pocket, Etc.):

Parent/Guardian Signature	Date
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Student- I agree to be solely responsible for my asthma inhaler/epinephrine auto-injector and follow the directions for its use as ordered by my physician, as well as the Berks Career and Technology Center medication policy. I am aware that any abuse of this privilege will result in the confiscation of my asthma inhaler/epinephrine auto-injector. I agree to notify the nurse immediately following each use of the asthma inhaler/epinephrine auto-injector. I am aware that my asthma inhaler/epinephrine auto-injector is for my use only and will not be shared with other students.

Student's Signature	Date
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To be completed by Nurse- In order to self-administer medication, the student must be able to:

- _____ 1. Respond to and visually recognize his/her name.
- _____ 2. Identify his/her medication.
- _____ 3. Demonstrate the proper technique for self-administering his/her medication.
- _____ 4. Sign his/her medication sheet to acknowledge having taken the medication.
- _____ 5. Demonstrate a cooperative attitude in all aspects of self-administration of medication.

Nurse- The above named student has demonstrated the ability to self-administer the physician-prescribed asthma inhaler and/or epinephrine auto-injector, as indicated by the criteria listed above.

Nurse's Signature	Date
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