



EAST ALLEGHENY SCHOOL DISTRICT

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SELF-CARRY MEDICATION CONSENT FORM

EASD has revised its Medication Policy to be compliant with new state law. The new policy allows your child to carry his/her inhaler or epi-pen on his person to self-administer as directed by your physician. It has been determined that most students can better manage their asthma/allergies and can more safely respond to symptoms if they self-carry and self-administer.

Your child may self-carry his/her inhaler or epi-pen if he/she is able to demonstrate the following:

- Respond to and visually recognize his/her name
- Identify his/her medicine
- Demonstrate proper technique for self-administering
- Student shall notify school nurse immediately after having to use medication
- Demonstrate a cooperative attitude in all aspects of self-administration of medication

All inhalers and epi-pens must be accompanied by a written statement (prescription) from a physician stating the name of the drug, the dosage and timing and reason medication has been prescribed.

If your child does not demonstrate the maturity or skill to self-administer his/her own medication, the health office will maintain the inhaler and/or epi-pen. A plan will then be implemented to include the development of those skills needed to safely self-carry the medication.

Violations of this policy will result in the confiscation of the medication and loss of privileges.

Student Name _____ Room# _____

Medication _____ Dose _____ Time _____

As the parent/guardian of the above-named student, I relieve the school district and its employees of any responsibility for the benefits or consequences of the above listed medication that is physician prescribed and parent authorized. I further acknowledge that the school bears no responsibility for ensuring that the medication is taken. I am aware that any improper use of this medication will result in its immediate confiscation and loss of privilege to self-administer if the medication policy is violated.

Parent / Guardian Signature

Date

