

LAKWOOD PUBLIC SCHOOLS

**SELF-ADMINISTRATION OF
MEDICATION POLICY AND RELEASE WAIVER**

Student's Name: _____ School: _____

Date of Birth: _____ Grade: _____

The Lakewood Board of Education has adopted a policy providing for student **self-administration** of specific medication.

The policy and regulation indicates that a student may be permitted to carry and use, in life-threatening emergencies, an **asthmatic inhaler** or **anaphylactic epipen**. The conditions of the policy include:

1. A licensed health care provider must certify that your child suffers from a potentially life-threatening condition, requiring immediate use of an inhaler or epipen.
2. The health care provider must also certify that your child is capable of self-administration of the inhaler or epipen without supervision.
3. An identical copy of the inhaler or epipen that your child is permitted to carry must be retained in the school nurse's office.
4. The parent/guardian must sign a waiver, which releases, indemnifies and holds harmless, the Board of Education against any and all liability for damage or injury in the association with the child carrying and using an inhaler or epipen.

Documentation, as indicated above, must be submitted to the school nurse prior to the use of any student administered medication.

HEALTHCARE PROVIDER CERTIFICATION:

As the healthcare provider, I certify that this child suffers from a potentially life-threatening condition and is capable of self-administration of the inhaler or epipen I prescribed under the time and circumstances described above and may do so without supervision.

Healthcare Provider Signature

Date

PARENTAL RELEASE WAIVER:

I, as parent, release, indemnify and hold harmless the Lakewood Board of Education for any and all liability for damage or injury associated with or resulting from the carrying or the use of an inhaler or epipen as prescribed by my child's health care provider. I understand that my child's health care provider has prescribed and permitted the carrying and use of an asthmatic inhaler or anaphylactic epipen for a life threatening condition.

Parent/Guardian Signature

Date