

4.35F6—STRESS AND EMERGENCY DOSE MEDICATION ADMINISTRATION CONSENT FORM

Student's Name (Please Print)

This form is good for school year _____. This consent form must be updated anytime the student's medication order changes and renewed each year and/or anytime a student changes schools.

The school has developed an individual health plan (IHP) acknowledging that my child has been diagnosed as suffering from adrenal insufficiency. The IHP authorizes the school nurse to administer a stress or emergency dose medication to my child in an emergency situation.

Date of health- care provider's order _____

Circumstances under which the stress or emergency dose medication may be administered

Other instructions

In the absence of the nurse, trained volunteer district personnel may administer a stress dose or emergency dose medication to my child in an emergency situation.

I hereby authorize the school nurse to administer a stress or emergency dose medication to my child, or, in the absence of the nurse, trained volunteer district personnel designated as care providers, to administer the stress or emergency dose medication to my child in an emergency situation. I will supply the stress or emergency dose medication to the school nurse in the original container properly labeled with the student's name, the ordering provider's name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose for the medication, possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings.

I acknowledge that the District, its Board of Directors, its employees, or an agent of the District, including a healthcare professional who trained volunteer school personnel designated as care providers shall not be liable for any damages resulting from his/her actions or inactions in the administration of the stress or emergency dose medication in accordance with this consent form and the IHP.

Parent or legal guardian signature _____ Date

Date Adopted: May 26, 2021

Last Revised: