

4.35F7 – Stress Dose Medication Self-Administration Consent Form

Student's Name (Please Print) _____

This form is good for the school year 2024-2025. 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 following must be provided for the student to be eligible to self-administer a stress dose medication. Eligibility is **only** valid for this school for the current academic year.

- A written statement from a licensed health-care provider who has prescriptive privileges that he/she has prescribed the stress dose medication for the student and that the student needs to carry the medication on his/her person due to a medical condition;
- the specific medications prescribed for the student;
- an individualized health care plan developed by the prescribing health-care provider containing the treatment plan for managing adrenal insufficiency of the student and for medication use by the student during school hours; and
- A statement from the prescribing health-care provider that the student;
 - Possesses the skill and responsibility necessary to use and administer the stress dose medication; and
 - Has been instructed on the details of his or her medical condition and the events that may lead to an adrenal crisis.

If the school nurse is available, the student shall demonstrate his/her skill level in administering the stress dose medication to the nurse.

Stress dose medication for a student's self-administration shall be supplied by the student's parent or guardian and be 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 time). Additional information accompanying the medication shall state the purpose of the medication, its possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings.

Students who self-carry stress dose medications shall also provide the school nurse with a dose of the stress dose medication to be used in emergencies.

I understand this form authorizes my student to possess and use the medication included on this form while on school grounds and at school-sponsored events but that distribution of the medication included on this form to other students may lead to disciplinary action against my student.

My signature below is an acknowledgment that I understand that the District, its Board of Directors, and its employees shall be immune from civil liability for injury resulting from the self-administration of medications by the student named above.

Parent or legal guardian signature _____ Date _____

Relates to Board Policy 4.35