

Anser Charter School

Self-Carry / Self-Administration Authorization Form

Epinephrine (EPI) – Asthma Inhaler – Insulin Supplies – Single-Dose OTC

Student Name: _____

Date of Birth: _____ Grade: _____ Crew: _____

Medication Name: _____

Dosage: _____

Reason for Medication: _____

Anser Charter School shall incur no liability as a result of any injury arising from the self-administration of medication by students. By signing this form, the parent/guardian agrees to indemnify and hold harmless Anser Charter School and its employees or agents against any claims arising out of the self-administration of medication by the student.

Parent/Guardian Acknowledgement of Authorization:

I authorize my child to self-carry and self-administer the medication listed above. Single-dose over-the-counter (OTC) medications are limited to grades 6–8, must remain in original packaging, and are for the student's use only. I understand that this authorization may be revoked if safety concerns arise.

Parent/Guardian Name (Print): _____

Signature: _____ Date: _____

Healthcare Provider Authorization:

I certify that the student is capable of self-administration of the medication listed above.

Provider Name (Print): _____

Provider Signature: _____ Date: _____

School Registered Nurse Authorization:

This medication is approved for self-carry/self-administration during school hours and school-sponsored activities in accordance with the Anser Charter School Medication Administration Policy.

RN Name (Print): _____

RN Signature: _____ Date: _____

Anser Charter School

Parent Authorization for School-Stored Emergency Medication

(Non-Self-Carry / Non-Self-Administration)

Student Name: _____

Date of Birth: _____ Grade: _____ Crew: _____

This form documents parent/guardian preference that emergency medications be stored and administered by Anser Charter School staff rather than carried by the student. Medications will be accessed and administered by trained and designated staff in accordance with the student's Individual Health Plan (IHP) and RN delegation.

Emergency Medication Covered (check all that apply):

- ☐ Epinephrine (EpiPen / Anaphylaxis)
- ☐ Emergency Asthma Inhaler
- ☐ Insulin and Testing Supplies
- ☐ Other (specify): _____

Medication Storage Locations (Initial for Parents Acknowledgement of Locations):

- _____ • Epinephrine is stored in an unlocked, clearly marked cabinet labeled "**ANAPHYLAXIS EMERGENCY RESPONSE - EPINEPHRINE IN THIS CABINET**" located inside the school office.
- _____ • Emergency inhalers are stored in an unlocked drawer labeled "**EMERGENCY INHALER**" within the medication cart located in the Health Aid Room.

By signing below, I acknowledge that I do not authorize my child to self-carry or self-administer the medication(s) listed above. I authorize Anser Charter School staff to access and administer emergency medication as needed. I understand that medications must remain readily accessible to staff and that this authorization may be reviewed or revised if medical or safety needs change.

Parent/Guardian Name (Print): _____

Signature: _____ Date: _____

School Use Only:

- ☐ Individual Health Plan (IHP) on file
- ☐ RN Review Completed
- ☐ Staff Notification Completed

RN Name (Print): _____

RN Signature: _____ Date: _____