

**Bayfield School District 10 Jt-R**

Bayfield High School  
Phone: 884-9521  
Fax: 884-4226

Bayfield Mid School  
Phone: 884-9592  
Fax: 884-4110

Bayfield Elem School  
Phone: 884-9571  
Fax: 884-9572

Bayfield Primary School  
Phone: 884-0881  
Fax: 884-0594

**Permission For Use of Medication in School**

Student Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage and frequency: \_\_\_\_\_

Purpose of medication: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Number of days to be taken at school: \_\_\_\_\_

Will the student carry the above medication with him/her? \_\_\_\_\_

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....

I give permission for my child to receive this medication while at school.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medications used at school must be in the original appropriately labeled container. Parent and physician must complete this form and return it to school before the medication can be used or given.

**CONTRACT FOR STUDENTS CARRYING EPI-PENs WITH THEM WHILE AT SCHOOL**

**STUDENT**

- I plan to keep my Epi-pen with me at school rather than in the school health office.
- I agree to use my Epi-pen in a responsible manner, in accordance with my physician's orders.
- I will notify the school health office immediately if my Epi-pen has been used.
- I will not allow any other person to use my Epi-pen.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT/GUARDIAN**

This contract is in effect for the current school year unless revoked by the physician or the student fails to meet the above safety contingencies.

- I agree to see that my child carries his/her medication as prescribed, that the device contains medication, and that the medication has not expired.
- It has been recommended to me that a back-up Epi-pen be provided to the Health Office for emergencies.
- I will review the status of the student's allergy with the student on a regular basis as agreed in the treatment plan.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SCHOOL NURSE**

- The above student has demonstrated correct technique for Epi-pen use, an understanding of the physician order for emergency use of the Epi-pen .
- School staff that have the need to know about the student's condition and the need to carry medication have been notified.

Registered Nurse's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Contract For Students Carrying Inhalers with Them While At School

### STUDENT

- I plan to keep my rescue inhaler with me at school rather in school health office.
- I agree to use my rescue inhaler in a responsible manner, in accordance to my physician's orders.
- I will notify the school health office if I am having more difficulty than usual with my asthma.
- I will not allow any other person to use my inhaler.

### PARENT/GUARDIAN

This contract is in effect for the current school year unless revoked by the physician or the student fails to meet the above safety contingencies.

- I agree to see my child carries his/her medication as prescribed, that the device contains medication, and date is current.
- It has been recommended to me that a back- up inhaler be provided to the Health Office for emergencies.
- I will review the status of student's asthma with the student on a regular basis as agreed in the treatment plan.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

### SCHOOL NURSE

- The above student has demonstrated correct technique for Inhaler, an understanding of the physician order for the time and dosages, and the concept of pretreatment with an inhaler prior to exercise.
- School staff that have the need to know about the student's condition and the need to carry medication have been notified.

Registered Nurse's Signature \_\_\_\_\_ Date \_\_\_\_\_