PROCEDURES EXHIBIT: 503.7A

Prescriber's Signature

AUTHORIZATION – ASTHMA, AIRWAY AD	CONSTRICT MINISTRATIO			TRESS MEDICATION	ON SELF-
	I	1			
Student's Name (Last), (First) (Middle)	Birtho	day	School	[	Date
In accordance with applicable laws, students at risk of anaphylaxis who use of the written approval of the student's pare competency. The following must occur for canisters or spacers, other airway constrainjector:	epinephrine au ents and presci or a student to s	to-injectors ribing license self-administ	may self-administe ed health care prof ter asthma medica	er their medication u fessional regardles tion, bronchodilator	ipon s of
<ul> <li>Parent/guardian provides sign</li> <li>Parent/guardian provides a water person licensed under chapter surgery, an advanced register with the board of nursing, or a physician as authorized in chapter of the provided purpose of the provided provided</li></ul>	ritten statemer er 148 to practi red nurse prac a physician ass apters 147 and f the medicatic	nt from the s ce medicine titioner licen sistant licens I 148C) cont	tudent's licensed hand surgery or os sed under chapter ed to practice und	nealth care professi teopathic medicine · 152 or 152E and r er the supervision o	onal (A and egistered
<ul> <li>Times or special circular.</li> <li>The medication is in the origin container containing the stude.</li> <li>Authorization shall be renewed time of administration, the par reviewed as soon as practical.</li> </ul>	nal, labeled con ent name, named ed annually. If rent is to notify	ntainer as di le of the med addition, if a	spensed or the madication, directions iny changes occur	anufacturer's labele for use, and date. in the medication,	d dosage or
Provided the above requirements are full medication by a student while in school, and before or after normal school activition operated property. If the student abuses withdrawn by the school or discipline ma	at school-spor es, such as wh the self-admir	nsored activi nile in before nistration po	ties, under the sup -school or after-sc licy, the ability to s	ervision of school p hool care on schoo elf-administer may	ersonnel,  - be
Pursuant to state law, the school district as a result of any injury arising from self-student. The parent or guardian of the s incur no liability, except for gross neglige auto-injector by the student as provided	administration tudent shall sig ence, as a resu	of medication of a stateme	on or use of an epi ent acknowledging	nephrine auto-inject that the school dist	tor by the rict is to
Medication D	osage	Route		Time	_
Purpose of Medication & Administration/	Instructions				_
Special Circumstances			iscontinue/Re-Eva	luate/Follow-up Da	te

Date

Prescriber's Address	Emergency Phone

- I request the above named student possess and self-administer asthma medication, bronchodilator
  canisters or spacers or other airway constricting disease medication(s) and/or an epinephrine autoinjector at school and in school activities according to the authorization and instructions.
- I understand the school district and its employees acting reasonably and in good faith shall incur no liability for any improper use of medication or an epinephrine auto-injector or for supervising, monitoring, or interfering with a student's self-administration of medication or use of an epinephrine auto-injector. I acknowledge that the school district is to incur no liability, except for gross negligence, as a result of self- administration of medication or use of an epinephrine auto-injector by the student.
- I agree to coordinate and work with school personnel and notify them when questions arise or relevant conditions change.
- I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment.
- I agree the information is shared with school personnel in accordance with the Family Education Rights and Privacy Act (FERPA) and any other applicable laws.
- I agree to provide the school with back-up medication approved in this form.

Parent/Guardian Signature (agreed to above statement)	Date	
Parent/Guardian Address	Home Phone	
	Business Phone	
Self-Administration Authorization Additional Informat		

Revised: 06/04/09, 02/23/15, 08/22/22, 08/14/23

Reviewed: 09/23/19