

PROCEDURES EXHIBIT: 503.7A

Authorization Asthma or Airway Constricting Medication Self-Administration Consent Form

Student's Name (Last), (First), (Middle) _____

Birthday ____/____/____ School _____ Date _____

In order for a student to self-administer medication for asthma or any airway constricting disease:

- Parent/guardian provides signed, dated authorization for student medication self-administration.
- Physician (person licensed under chapter 148, 150, or 150A, physician, physician's assistant, advanced registered nurse practitioner, or other person licensed or registered to distribute or dispense a prescription drug or device in the course of professional practice in Iowa in accordance with section 147.107, or a person licensed by another state in a health field in which, under Iowa law, licenses in this state may legally prescribe drugs) provides written authorization containing:
 - purpose of the medication.
 - prescribed dosage,
 - times or;
 - special circumstances under which the medication is to be administered.
- The medication is in the original, labeled container as dispensed or the manufacturer's labeled container containing the student name, name of the medication, directions for use, and date.
- Authorization is renewed annually. If any changes occur in the medication, dosage or time of administration, the parent is to notify school officials immediately. The authorization shall be reviewed as soon as practical.

Provided the above requirements are fulfilled, a student with asthma or other airway constricting disease may possess and use the student's medication while in school, at school-sponsored activities, under the supervision of school personnel, and before or after normal school activities, such as while in before-school or after-school care on school-operated property. If the student abuses the self-administration policy, the ability to self-administer may be withdrawn by the school or discipline may be imposed.

Pursuant to state law, the school district or accredited nonpublic school and its employees are to incur no liability, except for gross negligence, as a result of any arising injury arising from self-administration or medication by the student. The parent or guardian of the student shall sign a statement acknowledging that the school district or nonpublic school is to incur no liability, except for gross negligence, as a result of self-administration of

medication by the student as established by *Iowa Code* § 280.16.

Medication _____ Dosage _____ Route _____

Time _____

Purpose of Medication & Administration/Instructions _____

Revised 06/04/09, 02/23/15
