

Rock Springs Christian Academy

**Authorization for Self-Administration/ Self-carry of Emergency Medications
By Minor Child at School**

I hereby give consent for my child to self-administer and/or self-carry the medication as described below while at school, during school-sponsored activities, and during before-school or after-school care while on school-operated property. By signing this I acknowledge that my child demonstrates the proper use of the medication and understands the medical condition under which they may use it for.

I understand and agree to the following:

1. Rock Springs Christian Academy and its employees shall incur no liability for: a) any injury to the student caused by his or her self-administration of medication b) the student's use, misuse, overuse, or failed use of his or her medication and c) lost or misplaced medication.
1. I will ensure my child always carries his/her medication on his/her person.
2. I will decide if back-up medication will be kept at school and will provide the back-up if necessary.
3. I will inform the school staff in writing of any changes in my child's treatment or medical management.
4. I will inform the school of any asthma exacerbations, hospital visits, and any new or change in medical information regarding my child.
- 5. I will have an emergency action plan signed by my child's physician each school year and coordinate with the school nurse the emergency plan to all staff involved in my child's care at school.**
6. In the event of an emergency, I authorize Rock Springs Christian Academy to seek emergency medical treatment for my child when necessary and appropriate.

Student Name: _____.

Grade: _____ Teacher: _____.

Name of Medication: _____.

Reason for Medication: _____.

_____ Date: _____

(Parent/Guardian Signature)