



Request to Authorize Student Self-Administration of Prescribed Medication for Asthma/Anaphylaxis

Request Must Be Renewed Annually (Parent/Guardian to Complete This Section)

Student Name: _____ Date of Birth: _____ Age: _____

School: _____ Student ID#: _____ Grade: _____

Parent/Guardian Name: _____ Phone: _____

Does your child continue to have the diagnosis of asthma or anaphylaxis? Yes _____ No _____

Comments: _____

Emergency Contact: _____ Emergency Number: _____

Name of Emergency Medication: _____ Purpose: _____

Additional Information: _____

Licensed Health Care Provider Name: _____ Phone/Fax: _____

By signing this section I am granting permission for my child to self-administer the above medication on school grounds, while participating in a public school-sponsored activity, or on a school bus. I am also authorizing administration by a trained staff member if needed.

I understand that pursuant to NRS 392.425 (4), self-administration of the above medication does not create a duty for the board of trustees, the school district or the public school, or an employee or agent thereof. I further understand that the board of trustees, the school district and the public school, and any employee or agent thereof, are immune from liability for any injury to or death of the student as a result of self-administration of the medication or the failure of the student to self-administer the medication.

Parent/Guardian Signature Parent/Guardian Printed Name Date

(Licensed Health Care Provider to Complete This Section)

____ Asthma. Prescribed Medication and Dosage: _____ Frequency _____

____ Anaphylaxis. Allergic To: _____

Order for epinephrine auto-injector:

____ 0.15 mg IM if under 60 pounds _____ 0.3 mg IM if over 60 pounds

____ May repeat epinephrine injection in 5 minutes if no relief from first injection and if second injection available at school.

Administer epinephrine injection by a trained staff member for signs/symptoms of anaphylaxis, if student unable to self-administer.

Student is capable of self-administration of above medication while on school grounds, while participating in a public school-sponsored activity, or on a school bus.
Yes _____ No _____

Additional Information: _____

Provider Signature Provider Printed Name Date

(School Nurse to Complete This Section)

Date of School Health Plan: _____ Additional Information: _____

Student is authorized to carry and self-administer above medication according to guidelines provided by licensed health care provider. Administration by a trained staff member is authorized if needed. This authorization is valid for one school year.

School Nurse Signature School Nurse Printed Name Date

If doses of the medication in addition to the dosage that the student carries on his/her person are provided to the Principal or School Nurse, the medication will be stored on the premises in a location that is secure and will be readily available if the student experiences an asthmatic attack or anaphylactic shock during school hours.

Copies: Site Administrator
Parent, School Nurse

Nevada Revised Statutes 392.425

Authorization for pupil to self-administer medication for asthma and anaphylaxis requires principals and school nurses to allow students to self-administer prescribed medications for asthma and anaphylaxis (severe systemic allergic reaction) under certain circumstances. NRS 392.425 was designed with rapid response and student safety in mind.

If a student carries medication for self-treatment of either of these conditions, he/she may continue to do so under the following guidelines:

- The parent/guardian has requested that the student carry the medication.
- The physician, physician assistant or advanced practice registered nurse has provided a signed statement indicating the student has asthma or anaphylaxis and is capable of self-administration of the medication.
- The parent/guardian acknowledges that no additional District duties are created and that immunity from liability for injury to the student as a result of self-administration of the medication is granted to the District.

The form **Request to Authorize Student Self-Administration of Prescribed Medication for Asthma/Anaphylaxis, HS-96** needs to be completed by the parent/guardian (top section) and the physician (middle section). The school nurse will complete the lower section and provide a copy to the parent.

For students who misuse their medication (e.g. allowing other students to use) or who appear unable to safely self-administer it, the medication will be maintained in the health office or maintained in a secure location by a school staff member during the student's class or other school activities.