

**JEFFERSON CITY SCHOOL DISTRICT  
DEPARTMENT OF HEALTH SERVICES  
PERMISSION FOR STUDENT TO SELF-CARRY AND/OR  
ADMINISTER MEDICATION BY METERED-DOSE OR PRE-FILLED SYRINGE**

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

1. The term “metered-dose inhaler” and “pre-filled syringe” pertains to medications used in emergent situations or medically necessary to prevent an emergent situation and properly labeled from a pharmacy with dosing and directions listed on the label. Example of emergent medications could include: Albuterol, Epi-Pen, Diastat, Insulin.
2. I hereby give my permission for the student to retain in their possession a metered-dose inhaler or pre-filled syringe and to self-administer within guidelines of Board Policy JHCF.
3. The student has demonstrated proper self-administration technique to the school nurse.
4. I have provided an emergency action plan addressing an emergent situation or medical necessity and what to expect and how to follow-up with care for the student should an event occur.
5. I understand that Jefferson City School District (JCSD) may disclose information provided in accordance with only the information needed to their officers, employees, contractors and agents, that provide care and education to the student throughout the school day and events to help keep the student safe and that they have been authorized to self-carry their metered-dose inhaler or pre-filled syringe.
6. I acknowledge and agree that JCSD and any of their officers, employees, contractors and agents, trained in medication administration, may assist my child with medication administration.

**Name of Medication Self Carried:** \_\_\_\_\_

**PARENT/GUARDIAN CONSENT**

I understand that this permission form is effective during the school year for which it is granted and that a new permission form and supporting documentation as described above will need to be submitted for each school year.

I hereby release, indemnify, and hold harmless JCSD and any of their officers, employees, contractors and agents from all lawsuits, claims, demands, expenses, and actions against them associated with their activities assisting my child with medication administration, and acknowledging that the district and its employees or agents will incur no liability as a result of any injury arising from the self-administration of such medication unless such injury is a result of negligence on the part of the district or its employees or agents, and/or disclosing of medical information to appropriate personnel for care as outlined in district policies or as directed. I also hereby agree to indemnify and hold JCSD and their officers, employees, contractors and agents harmless from any and all lawsuits, claims, demands, expenses, and actions against them arising from harm to any person caused by my child's actions with regards to a self-carried medication.

Date: \_\_\_\_\_

School Year: \_\_\_\_\_

Signature \_\_\_\_\_ Relationship \_\_\_\_\_