EMERGENCY MEDICATION CHECK-IN FORM

NOTE: To be completed by an eligible school medication provider prior to authorizing a student to self-administer emergency medication under NDCC 15.1-19-16. If all check-in requirements are satisfied, inform the building principal. If check-in requirements are not satisfied, also inform the building principal so alternate education can be provided until documentation is completed as needed.

Student's name: _____

Grade level: _____

Today's date: _____

Definition of Emergency Medication
Emergency medication includes a prescription drug delivered by inhalation to alleviate asthmatic symptoms, insulin, and an epinephrine auto injectable pen.

Authorization Requirements
A student who has been diagnosed with asthma, diabetes, or anaphylaxis may possess and self-administer emergency medication for the treatment of such conditions provided the student's parent/guardian files with the school a document that meets all of the following requirements:

- Indicates that the student has been instructed in the self-administration of emergency medication.
  Documentation received by school: ☐ Yes   ☐ No

- Lists the name, dosage, and frequency of all medication prescribed to the student for use in the treatment of these conditions.
  Documentation received by school: ☐ Yes   ☐ No

- Includes guidelines for the treatment of the student in the case of a diabetic episode, asthmatic episode or anaphylaxis.
  Documentation received by school: ☐ Yes   ☐ No

- Signed by the student's health care provider.
  Documentation received by school: ☐ Yes   ☐ No

To be completed by the student's parent/guardian:
I understand the school, school district, and any employee or volunteer of the District is not liable for civil damages incurred by:
a.   A student who administers emergency medication to himself or herself.
b.   An individual because a student was permitted to possess emergency medication.

_____
Parent/guardian's name (Printed)

_____   _____
Parent/guardian's signature   Date