Descriptor Code: ACBD-E5

## **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.

Grade I	t's name:evel:ev		
<b>Definition of Emergency Medication</b> Emergency medication includes a prescription drug delivered by inhalation to alleviate asthmatic symptoms, insulin, and an epinephrine auto injectable pen.			
<ul> <li>Authorization Requirements</li> <li>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:         <ul> <li>Indicates that the student has been instructed in the self-administration of emergency medication.</li> <li>Documentation received by school: □ Yes □ No</li> </ul> </li> </ul>			
•	Lists the name, dosage, and frequency of all m treatment of these conditions.  Documentation received by school: □ Yes	edication prescribed to the	student for use in the
•	Includes guidelines for the treatment of the stu episode or anaphylaxis.  Documentation received by school: □ Yes	dent in the case of a diabet $\square$ No	ic episode, asthmatic
•	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.			
Parent/guardian's name (Printed)			
Parent/	guardian's signature	Date	