

Overflow 2017  
**STUDENT SELF-MEDICATION REQUEST**

Student Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name of medication \_\_\_\_\_ Dosage \_\_\_\_\_

Time(s) to be given \_\_\_\_\_ Date of discontinuation \_\_\_\_\_

Reason for medication \_\_\_\_\_

The student named above has my permission to self-administer his/her medication as described. ***I IRREVOCABLY RELEASE THE GRACE LUTHERAN CHURCH, ITS VOLUNTEERS, EMPLOYEES, OR REPRESENTATIVES FROM ANY AND ALL LIABILITY FOR ANY DAMAGE OR FROM ANY CLAIM, CAUSE OF ACTION, OR OTHER FORM OF REDRESS ARISING FROM THE SELF-ADMINISTRATION OF THIS MEDICATION/TREATMENT AT OVERFLOW.***

I agree to inform Grace Lutheran Church immediately of any change in this order. I acknowledge receiving a copy of the Medication Administration Policy. I also understand that Grace Lutheran Church and its Overflow chaperones bear no responsibility for safeguarding the medication or assuring that it is taken. Students do not have the right to share medications or treatments with others. Controlled medications are excluded and are not allowed to be self-administered.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

PRINT Parent/Guardian Name \_\_\_\_\_

**PHYSICIAN AUTHORIZATION**

(Required for all Prescription Drugs)

The physician whose signature follows hereby authorizes the minor student named above to administer his/her own medication/treatment and agrees to accept communication from church personnel regarding self-administration. It is understood that the student will not be supervised during self-administration of the medication/treatment nor will the student be reminded of the medication schedule.

Rationale for medication/treatment to be given during the week

\_\_\_\_\_

Other pertinent information (i.e. possible side affects) \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

PRINT Physician's Name \_\_\_\_\_

Physician's address (street, city, zip code) \_\_\_\_\_

## **MEDICATION PROCEDURES**

1. No medication will be administered by church personnel unless the Medication Permission and Instructions form is completed by both the parent and physician and is given to Overflow chaperones.
2. Prescription medication to be given must be in a pharmacy labeled bottle.  
Non-prescription medication must be in the original labeled container and labeled with the student's name. Medication arriving in improperly labeled or unlabeled containers such as envelopes, baggies, or wrapped in aluminum foil will not be allowed.
3. Medication will be taken by the child at the designated time, administered by the individual(s) who have been authorized in writing on the Medical Waiver form. It is the responsibility of the youth to go to their designated chaperone at the designated time to get his/her medication, as needed.
4. If the student refuses to take the prescribed medication, the parent or guardian will be contacted immediately.
5. Reliable students in grades seven and above may be permitted to carry and self-administer certain medications (with the exception of controlled substances) provided that active parental and physician consent forms are on file for self-administered medication. In such cases, church personnel will not maintain daily written records for self-administered medications. The church is not responsible for self-administration of medication by youth who do not have active parental and physician consent forms on file with school administration.

### **All controlled substances must be given under the supervision of church personnel.**

6. Students may carry asthma inhalers so they have immediate access to these medications. The Self-Medication Request form must be on file.  
Parents are encouraged to send a backup inhaler.
7. All medication administered at the Marshfield School Forest will be kept in a safe place. Only limited quantities of any medication are to be brought to Overflow.

### **Any student receiving epinephrine for a possible allergic reaction or glucagon for severe hypoglycemia will be immediately transported to the nearest hospital via emergency transport.**

8. Epinephrine auto injectors and glucagon injection kits must accompany any youth for whom they have been prescribed.