



Self-Carry Medication Administration Contract

Student Name:	School:	School Year:
Grade:		
<p>Colorado law does allow responsible students to carry and self-administer their rescue inhaler and/or epinephrine auto-injector (C.R.S.22-1-119.5). In 2012, the law was extended to prescription medication. This law (C.R.S 22-1-119.3) allows the student to carry sufficient medication for a single day or for the duration of the event with approval of provider, parent and administrator. (CDE Medication Administration Guidelines - 2019).</p>		
<p>Students/Families:</p> <ol style="list-style-type: none"> 1. Self-carrying and administering any medication in the school setting is a privilege and must be kept in their own possession at all times in the original container. 2. At no time should any medication be shared with anyone else. <p>Failure to comply with either of these rules may result in loss of privilege to self-carry and administer. If privileges are revoked, the School Nurse will discuss with the Health Services administrative team and the decision will be communicated to parents and medical provider; and a new plan of care will be developed.</p>		
<p>Criteria to be met when self-carry and self-administering (Nurse check off boxes when reviewed with student/family):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student is self-directed and knowledgeable about their condition and medication. <input type="checkbox"/> Severity of the health condition warrants carrying and self-administration. <input type="checkbox"/> The student demonstrates the ability to self-administer medication properly. <input type="checkbox"/> Student is confirmed to be responsible and mature enough to carry medication. <input type="checkbox"/> Written authorization is obtained from the parent and medical provider. <input type="checkbox"/> Nurse is able to monitor the self-administration process and document 2x/year in Infinite Campus. <input type="checkbox"/> Nurse will check the expiration date on the medication when checking in with the student. <input type="checkbox"/> Student has a current medical provider order and parent/legal guardian signature permission to self-carry/administer. <input type="checkbox"/> Nurse notifies students' teachers about the student's condition and that the student is able to self-carry and administer their own medication. <input type="checkbox"/> Student is directed to notify the nurse/health tech anytime the medication is administered. 		
<p>Medication self-carried/administered:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Epi-pen - allergies <input type="checkbox"/> Inhaler - asthma <input type="checkbox"/> Over-the-Counter (OTC) oral pills (a few examples: Tylenol, Ibuprofen, digestive enzymes, essential oils/herbs/vitamins) <input type="checkbox"/> Prescriptive oral pills <input type="checkbox"/> Topical cream/ointment (ears/eyes) <p>Diabetes insulin or other treatments for Diabetes 1 and 2 are covered on the Diabetes orders and Individualized Student Health Care Plan.</p>		
Student Signature:		
Parent Signature:		
RN name:	RN Signature:	Date: