

Phoenix Union High School District
Student Health Services and Exceptional Student Services
STUDENT SELF-CARRY MEDICATION PARENT PERMISSION FORM
PERMISO PARA PERMISOS DE PADRES DE AUTO-CARRY PARA ESTUDIANTES

Student Name: _____ School Year: _____

Student ID Number: _____ Date of Birth: _____ Grade: _____

Physician Name: _____ Telephone: _____

Under certain circumstances, when it is necessary for a student to self-carry/self-administer medicine during school hours, Phoenix Union High School District will cooperate with the treating physician/healthcare provider and the parent/guardian if the following requirements are met:

- Written permission is required by the parent/guardian to allow the student to self-carry and self-administer medications.
- Students who have been diagnosed with anaphylaxis may self-carry and self-administer emergency medications including auto-injectable Epinephrine. For breathing disorders, handheld inhaler devices may be carried by the student for self-administration. In these cases, the student's name and instructions on the prescription pharmacy label is sufficient for the physician/healthcare providers written orders.
- Students with diabetes who have a diabetes medical management plan provided by the student's parent/guardian, signed by a licensed health professional or nurse practitioner licensed in the State of Arizona as specified by A.R.S. 15-344.01, may carry appropriate medications and monitoring equipment and self-administer the medication during school hours.
- Student misuse of medications being self-carried or self-administered may result in seizure of medications and disciplinary action by the school. School administration will notify the parent/guardian should this occur.

I authorize the school to allow my child to self-carry and self-administer prescribed medications during school hours and if assistance is necessary, allow authorized trained school personnel to administer medications and perform medical procedures as ordered by the physician/healthcare provider licensed in the State of Arizona. I authorize the school to notify the Emergency Contact Names listed, in the event that I cannot be available by telephone and allow the Emergency Contact to pick-up my child from school. I understand that for emergent situations, school personnel will call 9-1-1 when needed. I authorize school personnel to contact my child's physician or dispensing pharmacist to obtain, exchange, or release any medical information needed for my child's care. The parent/guardian is also responsible for notifying the school anytime there is a change in orders, medications, and/or in the student's medical condition.

Parent/Guardian Signature: _____ **Date:** _____

Telephone Cell: _____ **Work:** _____ **Home:** _____

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Medication Name: _____ Reason: _____

Dosage: _____ Route: _____ Only As Needed Rescue Med

Special Instructions: _____

Any known medication allergies: No Yes, please list and type of reaction:

Food or environmental allergies: No Yes, please list and type of reaction:

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 Prescribed medication must have a current pharmacy label to include student name with healthcare provider written orders attached to the original container dispensed by the pharmacy with written permission given by the parent/guardian.

EACH MEDICATION WILL REQUIRE A SEPARATE FORM TO BE COMPLETED AND SIGNED BY THE PARENT/GUARDIAN

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Nombre del Alumno: _____ Año Escolar : _____

Número de Identificación del Alumno: _____ Fecha de Nacimiento : _____ Grado: _____

Nombre del Medico: _____ Telefono: _____

Bajo ciertas circunstancias, cuando es necesario que un estudiante se auto-lleve / auto-administre medicamentos durante las horas escolares, el Distrito Escolar Secundario Phoenix Union cooperará con el médico / proveedor de atención médica tratante y el padre / tutor si se cumplen los siguientes requisitos:

- El padre / tutor legal requiere un permiso por escrito para permitir que el estudiante lleve sus propios medicamentos y se administre.
- Los estudiantes a los que se les haya diagnosticado anafilaxia pueden autoadministrarse y autoadministrarse medicamentos de emergencia, incluida la epinefrina autoinyectable. Para los trastornos respiratorios, el estudiante puede llevar dispositivos inhaladores de mano para su autoadministración. En estos casos, el nombre del estudiante y las instrucciones en la etiqueta de la farmacia de prescripción son suficientes para las órdenes escritas del médico / proveedor de atención médica.
- Los estudiantes con diabetes que tienen un plan de control médico para la diabetes proporcionado por el padre / tutor del estudiante, firmado por un profesional de la salud o una enfermera con licencia en el estado de Arizona según lo especificado por A.R.S. 15-344.01, puede llevar medicamentos apropiados y equipo de monitoreo y autoadministrarse el medicamento durante las horas escolares.
- El mal uso por parte de los estudiantes de los medicamentos que son auto-transportados o autoadministrados puede resultar en la incautación de medicamentos y medidas disciplinarias por parte de la escuela. La administración de la escuela notificará al padre / tutor si esto ocurre.

Autorizo a la escuela para que permita que mi hijo lleve las medicinas recetadas y las administre por sí mismo durante las horas escolares y, si es necesario, permito que personal escolar capacitado autorizado administre los medicamentos y realice los procedimientos médicos según lo indique el médico / proveedor de atención médica autorizado en el Estado de Arizona. Autorizo a la escuela a notificar a los nombres de contacto de emergencia que figuran en la lista, en caso de que no pueda estar disponible por teléfono y permitir que el contacto de emergencia recoja a mi hijo de la escuela. Entiendo que para situaciones de emergencia, el personal de la escuela llamará al 9-1-1 cuando sea necesario. Autorizo al personal de la escuela a contactar al médico de mi hijo o al farmacéutico dispensador para obtener, intercambiar o divulgar cualquier información médica necesaria para el cuidado de mi hijo. El padre / tutor también es responsable de notificar a la escuela en cualquier momento que haya un cambio en las órdenes, medicamentos y / o en la condición médica del estudiante.

Firma de Padre/Madre/Tutor: _____ **Fecha:** _____

Teléfono Móvil: _____ **Trabajo:** _____ **Casa:** _____

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Dosage: _____ Route: _____ Only As Needed Rescue Med

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