



Permission to Self-Carry and Self-Administer Emergency Rescue Medications

To be completed by health care provider and parent/guardian, IN ADDITION to Medication Consent Form(s)

Child's Name and DOB: _____

Child Day Program: _____

Child's physician or other relevant licensed health care provider confirms that the child has a diagnosis of _____, is independent and can safely perform the emergency rescue self-care specified below, and has approval to self-administer this care:

- Epinephrine auto-injector: _____
- Metered Dose Inhaler: _____

The child understands that he/she is to promptly report to a MAT certified staff member, qualified health care professional or other responsible adult as soon as possible when symptoms of requiring the above self-care appear.

I agree to prepare a written Individual Health Care Plan or Asthma/Allergy Care Plan in consultation with the child's parents and appropriate personnel.

Specific duration of order:	Physician/Health Care Provider Signature:	Office Phone:
	Provider Printed Name:	Office Fax:
		Date:

My child has been instructed in and understands his/her emergency rescue self-management. My child understands that he/she is responsible and accountable for carrying and using his/her medication and equipment.

I will provide the child day program director/administrator/family day home with a copy of my child's Care Plan signed by his/her physician.

I hereby give permission for the child day program to administer the medications as prescribed in the Care Plan, if indicated (i.e., child requests assistance or becomes unable to perform self-care).

I will not hold the child day program or any of its employees liable for any negative outcomes resulting from the self-administration of the emergency rescue care specified above by my child.

I understand that the child day program director/administrator/family day home, after consultation with the parent/guardian, may impose reasonable limitations or restrictions upon my child's possession and self-administration of the emergency rescue medication specified above, relative to his/her age and maturity or other relevant considerations.

I understand that the child day program may revoke permission to possess and self-administer said emergency rescue medication at any point if it is determined that my child has abused the privilege of possession and self-administration or he/she is not safely and effectively self-administering the medication. In addition, my child could be subject to further disciplinary action.

Parent/Guardian Signature Date

Child Signature Date

Child Day Program Administrator Date