



MORA PUBLIC
SCHOOLS
INDEPENDENT SCHOOL
DISTRICT 332

District Office
118 9th Street
Mora, MN 55051
320-679-6200
Fax 320-679-6209

Mora High School
118 9th Street
Mora, MN 55051
320-679-6200
Fax 320-679-6238

Mora Elementary
200 9th Street
Mora, MN 55051
320-679-6200
Fax 320-679-6249

Self-Administration of Asthma Medication

Student Agreement

Student Name: _____

I agree to:

- Have my medication appropriately labeled by a pharmacist or healthcare provider
 - Name of Medication: _____
 - When will medication be taken: _____
 - Correct dosage is: _____
 - Where will medication be taken: _____
- Maintain a written record of my medication administration at school
- Not allow anyone else to use my medication
- Keep supply of my medication with me in school and on field trips

Notify the school nurse or health office personnel if the following occurs:

- My symptoms continue or get worse after taking the medication
- My symptoms reoccur within 2-3 hours after taking the medication
- I suspect I am experiencing side effects from my medication

I understand I will have my permission for self-administration of medication suspended, if I am unable to maintain the procedural safeguards established above. I understand MN Law requires that I document that I am able to administer my medication properly. I will have either my healthcare provider or the school nurse verify this and ask that they sign this form below as documentation. I understand this form must be on file in the nurses' office at school, before I can self-administer my asthma medication at school. If questions contact Shauna Cronk, Licensed School Nurse at 320-679-6232 or e-mail to shaunacronk@moraschools.org I have read and understand the above student agreement

Student Signature

Date

Signature of Parent/Guardian

Date

Signature of Health Care Provider or
Licensed School Nurse

Date

Form is to be completed and returned to the nurse's office before self-administration begins. MN law requires that parents complete this form each school year.