# CUMBERLAND COUNTY SCHOOLS

## CYSTIC FIBROSIS SELF-CARRY AUTHORIZATION FORM

TEACHER _____ SCHOOL _____

STUDENT _____ GRADE _____ DOB _____ AGE _____

Cystic fibrosis (CF) is an inherited disease that mainly affects the lungs and the digestive system. As a result, this student will need to take the following pancreatic enzyme medication with all meals and snacks. Drinks that are mainly water, sugar or fruit may be an exception.

ENZYME BRAND NAME _____

NUMBER OF CAPSULES TO BE TAKEN WITH MEALS _____ AND WITH SNACKS _____

SPECIAL INSTRUCTIONS _____

### TO BE COMPLETED BY PHYSICIAN

I verify that the student has cystic fibrosis. The enzymes are not addictive, and will not change the behavior of the student. Most children with CF have been taking these enzymes since infancy, and take them on their own. If children with CF are allowed to take their enzymes on their own they are usually more compliant with this vital part of their care.

I, the health care practitioner, prescribed medication for use on school property during the school day, at school-sponsored activities, or while in transit to or from school or school-sponsored events.

I prescribed the medication and I confirm that the student has been instructed in self-administration of the prescribed medication. The student has demonstrated the skill level necessary to use the medication to treat his/her symptoms. Physician's signature: _____ Date: _____
Print Physician's Name: _____ Phone: _____
Print Clinic/Office Name: _____ FAX: _____
Clinic Address: _____ City: _____ State: _____ Zip: _____

### IMPORTANT INFORMATION FOR SCHOOL STAFF

- Coughing is a common part of CF, and the child should have water and tissues readily available. Coughing is encouraged and necessary to clear the mucus out of the lungs. If the coughing is disruptive to the classroom, the child should be excused for a drink of water.
- Restroom privileges should be flexible and provided as needed.
- Due to a productive cough and urgent bathroom needs, the child should feel free to leave the classroom when necessary, to avoid unnecessary embarrassment over disease symptoms.
- Pancreatic enzymes, which aid in digestion, are needed before every meal and snack. Just to be clear, these enzymes are not dangerous and are not addictive.
- Exercise can provide great benefit to the child with CF by helping to clear mucus and increasing the strength of the respiratory muscles. The child with CF should be encouraged to participate in all physical activities at school. At times, a child might encounter limitations in strength or endurance. Nevertheless, the child needs to be encouraged to participate as much as possible but should be allowed to set individual limits on total physical exertion. When questions arise, please contact the child's parents or healthcare provider.
- Extra fluid consumption should be encouraged before, during and after physical activity. During aerobic activity, a child with CF should drink between six and twelve ounces of fluid every 20 to 30 minutes. Because of the added carbohydrates and salt, sports drinks provide an excellent choice for kids with cystic fibrosis.

**CONTINUED ON REVERSE SIDE**

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TEACHER _____ SCHOOL _____

STUDENT _____ GRADE _____ DOB _____ AGE _____

**To be completed by Parent/Guardian:**

I have read the **guidelines for students with self-medication in their possession at school** and I judge that my child named above has sufficient maturity and knowledge to safely and correctly self-medicate.

**I understand that my child must comply with the following:**

- ☐ The student must keep the medication in his/her possession at all times and shall not leave it in a place accessible to other students.
- ☐ The student must keep this Cystic Fibrosis Self-carry Authorization Form in his/her possession at all times and shall present form to school staff and/or administration when requested.
- ☐ The student shall not offer, nor allow any use of his/her medication by another student.
- ☐ The student shall act in a responsible and discreet manner concerning his/her digestive enzymes.

I further understand that the only liability that the school can assume is to comply with the terms of this protocol. I understand that the school can assume no liability for monitoring self-administration, including the frequency and dose or failure to self-medicate when necessary.

I consent for the health care practitioner to disclose health or medical information regarding medication prescribed. I understand that I may revoke this consent at any time, except to the extent action has been taken in reliance on it. This consent is valid until I revoke it in writing or for the term of one year.

I have read and agree with this authorization.

Parent/Guardian Name _____ Phone No. _____

Parent/Guardian Signature _____ Date _____

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**FOR SCHOOL NURSE USE ONLY**

This student has verbalized understanding of the above guidelines.

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|---|---|
| _____ | _____ |
| Public Health School Nurse Signature | Date |

**School Administrator's Signature** _____ Date _____

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**FOR SCHOOL USE ONLY**

Date Cystic Fibrosis Self-medication Form Expires ____/____/____

**Please be reminded form will expire one (1) year from date of physician's signature.**

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**MD Stamp Below**

**FOR PHYSICIAN USE ONLY**

**Physician's Signature** _____ Date _____