



PERMISSION TO CARRY SELF-ADMINISTERED MEDICATIONS

All Medication forms must be renewed annually

Parent/guardians of students requesting that students be allowed to carry inhaled medications and/or epinephrine injection pens for anaphylactic allergies are required to (1) provide a signed statement from a licensed prescriber stating that the name of the drug, dosage and recommended usage, (2) a signed parental release, and (3) an affidavit indicating that the student has been instructed regarding proper usage and side effects of self-administered medications.

Student's name _____ Grade _____

LICENSED PRESCRIBER'S ORDER FOR SELF-ADMINISTERED MEDICATIONS

I have prescribed the following medication for this student and request that the student be allowed to carry this medication and self-administer as directed during school hours.

Medication _____

Dosage _____

To be taken from (date) _____ to (date) _____

Purpose or condition for which prescribed _____

Significant side effects _____

Comments _____

_____ This student uses inhaled medication. The student has been instructed on proper use, side effects and safeguards regarding the medication. The student is authorized to keep this medication with them during the school day and to use as needed according to licensed prescriber's instructions.

_____ This student will keep inhaled medication in the Health Services Office.

LICENSED PRESCRIBER'S SIGNATURE _____

PRINT NAME _____ DATE _____

PHONE _____

PARENTAL RELEASE

I request that student be allowed to carry and administer medication during school day as directed by physician. Medication will be in its original container.

PARENT SIGNATURE _____ DATE _____

PHONE _____