

Emergency Self-Carry Medication Permit

Permit is required for student to carry and use medication in school or at school-related activities. Medication must be in the Original container with Label Instructions. This form must be completed by a physician.

Student Name: _____

Physical condition (Diagnosis) _____

Treatment – Check those that apply

- Epi Pen _____
- Twinjet _____
- Diphenhydramine _____
- Inhaler _____
- Other _____

Specific treatment instructions:

I affirm the following – please circle

- YES / NO – Child received training in the proper use of the Epi Pen, Inhaler, and/or medication.
- YES / NO – Child demonstrates the proper technique while using the Epi-Pen, inhaler, and/or medication.
- YES / NO – Recognizes and understands proper and prescribed timing for medication.
- YES / NO – Will not share medication with others
- YES / NO – Agrees to come to the nurse’s office for evaluation after using inhaler/emergency medication
- YES / NO – I request that the child carry and self-administer the above named medication during school hours and at school activities

Precautions/Possible untoward reactions and recommended interventions

Emergency Inhaler: _____

Epi-Pen: _____

Medication (specify): _____

Emergency Self-Carry Medication Permit

In my opinion, this child shows capability to carry and self-administer the above medication. The parent/legal guardian will supply additional emergency medication, indicated above, to be kept in the school nurse's office in case the child fails to have the self-carry medication.

The school nurses will accept the parent request and physician statement. The school and /or school personnel are to incur no liability, as a result of any injury arising from the self-administration of medication by the student outside the supervision of the nurse.

Physician's Signature	Print name	Telephone	Date
-----------------------	------------	-----------	------

Parent/Legal Guardian Signature	Telephone	Date
---------------------------------	-----------	------