Authorization for Student to Carry a Prescription
Inhaler, EpiPen® or Insulin

_____ needs to carry the following prescription labeled inhaler, EpiPen® or insulin with him/her. The above named student has been instructed in the proper use of the medication and fully understands how to administer this medication. (It is preferable that a second prescription labeled inhaler, EpiPen® or additional insulin be kept in the clinic in case the first is lost or left at home.)

_____   _____
Medication   Dosage and Directions

_____   _____
Physician's Signature or Stamp   Date

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I have been instructed in the proper use of my prescription labeled medication and fully understand how to administer this medication. I will not allow another student to use my medication under any circumstances. I also understand that should another student use my prescription, the privilege of carrying my medication may be revoked. I also accept the responsibility for checking in with the school nurse to keep her informed of use of my medication in case I start having problems.

_____   _____
Student's Signature   Date

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I hereby request that the above named student, over whom I have legal control, be allowed to carry and use the prescription medication described above, at school. I accept legal responsibility should the above medication be lost, given or taken by a person other than the above named student. I understand that if this should happen, the privilege of carrying the medication may be revoked. I release the _____ school district and its employees of
Any legal responsibility when the above named student administers his/her own medication.

_____   _____
Parent/Guardian Signature   Date

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