

Self-Administer Medication Permission Form
(Auto-injectable epinephrine and/or rapid-acting bronchial inhalers ONLY)

Student: _____ Date: _____

This letter confirms that the above-named student is a current patient and is being treated for (i.e., health condition): _____

I agree that the student is responsible and capable of self-administration of the following medications at school (please check those that apply):

_____ Rapid-acting bronchial inhaler (please include name, dose, and frequency of the medication): _____

_____ Auto-injectable epinephrine (please include name, dose, and frequency of the medication): _____

***The medications must remain in their original container(s) with the prescribing information intact.*

Healthcare Provider Signature: _____

I, the parent/guardian of _____ agree that my child is responsible and capable of self-administration of the above medication(s). I accept full responsibility and liability for my child carrying and self-administering this medication(s).

Parent/Guardian Signature: _____ Date: _____

I, _____ (student) agree that I am being given permission by my healthcare provider, my parent(s)/guardian, and my school to carry and take my own above-named medication(s) as needed. I will keep the permitted medication in my book bag/locker. I will not share with or give my medication to anyone. I will not take my medication for any reason except as prescribed. I understand that my parent(s) and I accept full responsibility for my carrying and taking my own medication as prescribed above. I understand that I will lose the privilege of carrying the medication if I misuse it or do not adhere to the above rules.

Student Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

This form must be renewed each school year.