SPECIAL SCHOOL DISTRICT
HEALTH SERVICES

PERMISSION TO CARRY MEDICATION ON PERSON
FOR SCHOOL PURPOSES

Student_________________________  Grade_________  School________________

Parent/Guardian____________________  Phone________________

I request that ________________________ be allowed to carry and self-administer
his/her prescribed medication for school purposes. The student has been instructed in its
proper use and informed of any possible side effects.

Name of Medication___________________________  Purpose________________

History of student experience with condition____________________________________

Dosage to be taken____________________  Time to be taken________________________

Starting date_________________________  Termination date_______________________

Possible side effects_______________________________________________________
________________________________________________________________________

Authorized Prescriber Signature____________________________  Date____________

Note: If this medication is an asthma inhaler or EpiPen, it is required that one back-up inhaler/EpiPen be
kept in the school medicine cabinet. It will be used if the student should come to school without the
inhaler/EpiPen, or if the one carried should malfunction or be depleted during the school day.

The district shall incur no liability as a result of any injury arising from the self-administration of
medication by the pupil and the parent/garden shall indemnify and hold harmless the district and its
employees or agents against any claims arising out of the self-administration of the medication by the pupil.

I request that my child be allowed to carry his/her own medication and self-administer as
prescribed.
Parent/Guardian_________________________  Date___________________

Principal______________________________________________  Date___________________

School Nurse___________________________________________  Date___________________

-OVER-

THIS FORM MAY ONLY BE USED FOR LIFE-THREATENING CONDITIONS;
ASTHMA INHALERS OR EPIPENS FOR SEVERE ALLERGIC REACTIONS.
(This is not intended to allow students to self-administer any other medications).