

AUTHORIZATION FOR STUDENTS TO CARRY A PRESCRIPTION LABELED INHALER,
EPINEPHARINE AUTO INJECTOR, INSULIN, GLUCAGON, DIABETIC SUPPLIES,
EMERGENCY SEIZURE MEDICATION, OR OTHER APPROVED MEDICATION.

20____ - 20____

EACH MEDICATION WILL REQUIRE A PRESCRIPTION LABEL ATTACHED TO THE ACTUAL MEDICATION

_____ needs to carry the following prescription labeled inhaler, epinephrine auto injector, insulin, and diabetic supplies, and/or _____ prescription medication 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 inhaler, epinephrine auto injector, additional insulin, and diabetic supplies or other prescribed medication be kept in the school in case the first is lost or left at home. **ASK your pharmacist to make separate prescription labels for each device, for school, for home, and for the one you are carrying.

Name of Medication: _____

Physician's Name

Date

Physician's Address

Phone

Physician's Signature

Date

I have been instructed in the proper use of my prescription labeled medication and fully understand how it is administered. 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 altered. I also accept responsibility for notifying the School Nurse each time I take my medication.

Student's Signature

Date

I hereby request that the above-named student, over whom I have legal guardianship, be allowed to carry and use this prescribed medication at school:

- I accept legal responsibility should the medication be lost, given to, or taken by another person other than the above-named student.
- I understand that if this should happen, the privilege of carrying the medication may be altered.
- I release Fulton Science Academy and its employees of any legal responsibility when the above-named student administers his/her own medication.

Parent/Guardian Signature

Date