

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 school in case of the first is lost for left at home.)

Medication

Dosage and Directions

Physician's Signature or Stamp

Date

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.

Student's Signature

Date

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 DeKalb County School District and its employees of any legal responsibility when the above named student administers his/her own medication.

Parent's or Guardian's Signature

Date