

Authorization for Student To Carry A Prescription Inhaler or Epinephrine

_____ needs to carry the following prescription-labeled inhaler or auto-injectable epinephrine 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 or injectable epinephrine be kept in the clinic in case the first is lost or left at home.)

Name of Medication: _____

Dosage and Directions: _____

Physician 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/clinic aid to keep her informed of the 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 or should the above medication be 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 Rockdale County school system and its employees of any legal responsibility when the above-named student administers his/her own medication.

Parent/Guardian Signature

Date

Parent Name: (PLEASE PRINT)

Daytime Phone No.

Cell Phone/Pager No.