APPROVAL FOR STUDENT CARRYING AN INHALER and/or EPI-PEN
MEDICATION CONSENT FORM

Student Name:_____ **Date of Birth:**_____

Parent(s) Names:_____ **Grade Level/Teacher:**_____

Prescription Medication: All prescribed medications continue to need to be brought to school in a legible pharmacy labeled container, with specific instructions for correct dosage.

Any student who is in need of **carrying** an inhaler or Epi-pen must have this separate form signed by the licensed prescriber/physician signature.

Prescription Medications				Make contact with parent for the following reasons:
Medication Name	Dose	Frequency/Time	Duration	
			From: To:	
			From: To:	

The following questions must be answered by the licensed physician and signature below:

- This student has received instruction and has demonstrated competency in the use of a metered dose inhaler/Epi-Pen (circle). He/she may carry and self-administer as prescribed. _____ Yes _____No

OR

- Due to the age of the student, the student will not carry their own inhaler/Epi-Pen (circle), instead, it will be kept in the desk of his classroom teacher or with the nearest responsible person working with the child. _____ Yes _____No

Print Name of Licensed Prescriber/Physician:_____
Clinic: _____

Signature of Licensed Prescriber/Physician: _____ Date: _____

I give consent for the above procedure to be followed.

I understand that all unused medication must be picked up at school by parent in the school office. Any medication not picked up by the last day of school will be disposed of by school personnel.

Parent / Guardian Signature: _____ Date: _____

(Revised 9/2010)