

Hattiesburg Public School District
301 Mamie Street
Hattiesburg, MS 39401

**Medication Authorization Form to Possess or Self-Administer Emergency Medication for Asthma,
Severe Allergy, or Anaphylaxis
(Examples: Epi-Pens, Inhalers)**

Student Name: _____ DOB: _____ Grade: _____
Parent/Guardian: _____ Address: _____
Telephone Number: _____ School: _____

In order for the above named student to possess or self-administer asthma, severe allergies, or anaphylaxis medication while in school, while at a school-sponsored activity, on school-provided transportation, or at a school-related event or activity, this form must be fully completed by 1) the prescribing physician/physician assistant/advanced practice registered nurse, and 2) an authorizing parent or legal guardian.

Authorization by Physician/PA/APRN: The above-named student has my authorization to carry and self administer the following medication for the diagnosis of asthma, severe allergies, or anaphylaxis:

Medication: _____

Purpose: _____

Dosage: _____ **Route** _____ **Frequency/Time** _____

Medication(s) to be used under the following conditions (times or special circumstances):

Date of Order: _____ **Discontinuance Date:** _____

I confirm this student has been instructed in the proper use of this medication and is able to self-administer this medication without school personnel supervision.

Signature of Prescriber _____ **Date** _____

Address _____

Telephone _____ **Fax** _____

Authorization by a parent or legal guardian:

As the parent or legal guardian of the above-named student, he/she has my permission to self-medicate as listed above, if needed. I acknowledge the school district or nonpublic school and its employees and agents are not liable as a result of any injury arising from the self-administration of medication by the student, and I indemnify and hold them harmless for such injury, unless the claim is based on an act or omission that is the result of gross negligence, willful and wanton conduct, or an intentional tort.

Parent or Guardian signature: _____ **Date:** _____