

## Authorization for Student to Carry Prescription Epi-pen, Asthma Inhaler or Diabetic Medical Supplies

\_\_\_\_\_ needs to carry the following prescription labeled epi-pen or asthma inhaler or diabetic medical supplies with him/her. The student has been instructed in the proper use of and fully understands how to administer this medication. It is preferable that a second prescription labeled asthma inhaler, epi-pen and diabetic medical supplies be kept in the clinic in case the first is lost or left at home.

|            |                       |
|------------|-----------------------|
| Medication | Dosage and Directions |
|------------|-----------------------|

|                       |      |
|-----------------------|------|
| Physician's Signature | Date |
|-----------------------|------|

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I have been instructed in the proper use of my prescription labeled medication and fully understand how to administer it. I will not allow another student to use my medication under any circumstance. I understand that any misuse or abuse of this permission shall result in disciplinary action for abuse of drugs or any other applicable rule as outlined in the Columbia County Student Code of Conduct. I also accept the responsibility for checking in with the school nurse to keep her informed of 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 while at school. I accept legal responsibility should the above medication be lost or given to or taken by a person other than the above named student. Further, I understand that any misuse or abuse of this permission by the above named student shall result in disciplinary action for abuse of drugs or any other applicable rule as outlined in the Columbia County Student Code of Conduct. I release the Columbia County School System and its employees of any legal responsibility when the above named student administers his/her own medication.

|                           |      |
|---------------------------|------|
| Parent/Guardian Signature | Date |
|---------------------------|------|

\*All three signatures must be completed for student to be able to carry own medications\*  
\*Recommend or "encourage" emergency back up to be kept in clinic/office, as well!\*