

Van Alstyne ISD

Inhaler/Epi-Pen Self-Carry Consent

Date _____

I give permission for my Child _____ to carry their
inhaler/Epi-pen. (Please circle)

Medication _____

Dose _____

Frequency _____

Location of Storage _____

Signature of legal Guardian/Parent _____

Signature of Attending Physician _____

This permission slip is valid for one school year and must be renewed annually.