



Inspire. Dream. Achieve.

POSSESSION AND SELF-ADMINISTRATION OF RESCUE INHALERS AND EPIPENS (GRADES 1-8) *(Auto-injectable epinephrine and/or rapid-acting inhalers ONLY)*

STUDENT'S NAME _____ **SCHOOL YEAR** _____

This letter confirms that the above-named student is a current patient and is being treated for (i.e. health condition): _____

_____ Rapid-acting bronchial inhaler (please include name, dose and frequency of medication):

_____ Auto-injectable epinephrine (please include name, dose and frequency of medication):

***The medications must remain in their original container(s) with the prescribing information intact.*

Physician's Signature _____ **Date** _____

I, the parent/guardian of _____, agree that my child is responsible and capable of self-administration of the above medication(s). I accept full responsibility and liability for my child carrying and self-administering the aforementioned medication(s).

Parent/Guardian Signature _____ **Date** _____

I, _____ (student), agree I am being given permission by my healthcare provider, my parents/guardian, and my school to carry and take my own above-named medication(s) as needed. I will keep the permitted medication in my bookbag/locker. I will not share with or give my medication to anyone. I will not take my medication for any reason except as prescribed. I understand that my parents/guardian and I accept full responsibility for my carrying and taking my own medication as prescribed above. I understand that I will lose the privilege of carrying the medication if I misuse it or do not adhere to the above rules.

Student Signature _____ **Date** _____

School Nurse Signature _____ **Date** _____