

MT.LEBANON SCHOOL DISTRICT HEALTH SERVICES

#440 F-6/2015

Permission to Self-Carry and Self Administer

Inhalers and Auto Injecting Epinephrine (Epi-Pens)

In accordance with Pennsylvania State Law, I hereby agree to allow my child to carry his/her Inhaler medication or auto injecting Epinephrine (Epi-Pen). I acknowledge that the Mt. Lebanon School District and its staff bear no responsibility for the benefits or consequences of the medication and that the school bears no responsibility for ensuring that the medication is taken. I understand that my child must successfully complete the self administration form with the certified school nurse and have a current, completed medication form on file that states he/she is permitted to self carry and self administer the said medication. The Mt. Lebanon School District reserves the right to withdraw permission at any time if the student is unable to demonstrate responsible behavior in carrying and/or taking this medication.

Parent/Guardian Signature: _____ Date: _____

I agree to be solely responsible for my Inhaler and /or Auto Injecting Epinephrine (Epi-Pen) and to follow the directions for its use as ordered by my licensed prescriber and the District’s medication policy. I am aware that any abuse or misuse of this privilege will result in the confiscation of the medication and loss of privilege to carry and administer this medication.

Student Signature: _____ Date: _____

FOR CERTIFIED SCHOOL NURSE USE ONLY

Form # 440 – Medication form completed and on file: Yes: _____ No: _____

Form # 440-E – Student Self-Administer Assessment completed and on file: Yes: _____ No: _____

Certified School Nurse Signature: _____ Date: _____