



**Authorization for Student to Carry a Prescription
Inhaler, EpiPen® or Insulin**

_____ needs to carry the following prescription labeled **inhaler, EpiPen or insulin** with him/her. The above named student has received instruction and demonstrates understanding of the proper use of this medication. It is my professional opinion that the student be permitted to carry and self-administer this medication. I have provided the parent/guardian with a written emergency/management plan including the name, purpose, dosage, and administration directions of the medication

Medication Dosage and Directions

Physician's Signature or Stamp Date

I have been instructed in the proper use of my prescription labeled medication and fully understand how and when to use this medication. I will carry my medication with me at all times and will not allow another student to use my medication under any circumstances. I also understand that should another student use my prescription, the privilege of carrying my medication may be revoked. I also accept the responsibility for checking in with the school nurse to keep her informed of use of my medication.

Student's Signature Date

I request that my child be allowed to carry and self-administer this emergency medication. I permit the school to seek emergency medical treatment for the student when deemed necessary and appropriate. I accept legal responsibility should the medication be misused or given to or taken by a person other than the above named student. I release Mill Springs Academy and its employees and agents of any legal responsibility related to the above named student's possession and self-administration of his or her asthma medication.

Parent/Guardian Signature Date