CHEROKEE COUNTY SCHOOL DISTRICT

Authorization for Student to Carry a Prescription Inhaler, Automatic Epinephrine Injector or Diabetic Equipment

_____, a student at _____ School, needs to carry the following prescription inhaler, automatic epinephrine injector or diabetic equipment with him/her. The above-named student has been instructed in the proper use of the medication and equipment and fully understands how to administer this medication and/or perform procedure(s) as ordered by the physician. (It is preferable that a second prescription, labeled inhaler, automatic epinephrine injector or additional diabetic equipment be kept in the clinic or designated area in case the first is lost or left at home).

Please check one:

Is student capable of administering the medication or performing the procedure independently?

_____ Yes **_____ No**

Comments_____

_____

_____

_____

_____

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 equipment and fully understand how to administer this medication and/or performing the procedure. I will not allow another student to use my medication or equipment under any circumstances. I also understand that should another student use my prescription or equipment, I may be disciplined in accordance with the school discipline procedures which could result in revoking classroom administering privileges. 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 or equipment described above, at school. I accept legal responsibility should the above medication or equipment be lost, given or taken by a person other than the above named student. I understand that if this should happen, my child may be disciplined which could result in revoking classroom administering privileges. I release the Cherokee County School District and its employees of any legal responsibility when the above named student administers his/her own medication.

_____

Parent / Legal Guardian's Signature Date