



Parent/Guardian Consent Form for Student Self-Carry of Medication: Inhaler/Epipen

Student Name: _____ Date: _____

School Site: _____ Homeroom Teacher: _____

Student DOB: _____ Grade: _____

Parent/Guardian Name: _____ Contact #: _____

Address: _____

Street	City	State	Zip
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Emergency Contact: _____ Contact #: _____

Health Care Provider's (HCP) Name: _____ Contact #: _____

Parent/Guardian Authorization:

I authorize my child (name), _____, to self-administer the inhaled medication and/or Epipen, which has been prescribed by my student's HCP, _____ (name).

I understand that my child will only be allowed to self-administer their medication if an emergency supply of the prescribed medication is provided to the school and its use must meet the requirements of Oklahoma State Law and MPS Board Policy. My child has been instructed in the proper method of self-administering their medication and is capable of such self-administration.

Parent/Guardian Signature: _____ **Date:** _____

Retrieved by (School Nurse and/or Health Aid): _____ **Date:** _____



**Health Care Provider’s Statement for Student Self-Administration of Inhaled Asthma
Medication and Epipens**

Students Name: _____ **DOB:** _____

HCP Name: _____ **Contact #:** _____

Address: _____

The above name student has been instructed in the proper method of self-administerion of the following inhaled asthma medication(s) and/or Epipen for anaphylactic shock (severe allergic reaction):

Medication(s) Name: _____ **Dose:** _____

_____ **Dose:** _____

_____ **Dose:** _____

HCP Signature: _____

Retrieved by (School Nurse and/or Health Aid): _____ Date: _____



**Non-Liability Statement for Student Self-Carry and Self-Administration of
Inhalers/Epipens**

Student Name: _____ DOB: _____

School Site: _____ Date: _____

Parent/Guardian Name: _____

The undersigned is the parent/guardian of (student's name) _____, who is diagnosed with asthma and/or severe allergies that require student self-administration of inhaled and/or Epipen medication for their condition. MPS district has informed me in writing that neither the school district nor its employees and agents will incur any liability because of any injury arising from the student's self-administration of inhaled medication and/or Epipen by my child (student's name),
_____.

Parent/Guardian Signature: _____ Date: _____

Retrieved by (School Nurse and/or Health Aid): _____ Date: _____