

FOR EPIPENS AND INHALER USE and/or self-administration of emergency medications ONLY

I affirm that the student is capable of and has been instructed in the proper method of self-administration, possible side effects, and has been informed of when and how to access emergency services if needed. Therefore, the student may carry and self-administer their inhaler/EPIPEN while in school/or while on a school field trip.

Yes: _____ No: _____

I hereby authorize my child to possess and self-administer emergency medication at school, on school grounds, at school-sponsored activities, on school provided transportation, and during school-related programs. I understand that the medication is solely for the use of my child, and **one of the requirements is that my child will notify a school employee or agent after self-administering emergency medication.**

As required by ACT 175 of 2008, I hereby release the school, its employees and agents including volunteers, from the liability as a result of any injury arising from my child's self-administration of emergency medication, except when the conduct of the school, school employee, or agent would constitute gross negligence, recklessness, or intentional misconduct.

Signature of parent or guardian: _____

Date: _____