

INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating, developing, and inspiring our students for lifelong success.

Series Number 506.2.2.1.2.2P Adopted February 1990 Revised July 2024

Title Authorization for Student Possession and Self-Medication with Inhaler,
EpiPen, Insulin, and/or Other Emergency Medication at School

Name of child _____

School _____ School year _____

Physician's Order for Student and Self-medication

Name of medication _____

Dosage _____

Time/frequency _____

Medical Condition/ICD-10 code _____

Possible side effects _____

Estimated termination date _____

The student is knowledgeable about the medication noted above and how to self-administer the medication.

Signature _____
physician

Date _____

Address _____

Telephone number _____

As authorized by my child's physician, I request that my child be allowed to carry and self-administer the prescribed medication noted above. I understand my child must carry this medication at all times in school or he/she will lose the right to carry and self-administer the medication at school.

Signature _____
parent or guardian

Date _____