Hazelwood School District
"A Culture of High Expectations and Excellence!"

School Year 2026-27

PERMISSION TO CARRY INSULIN ON PERSON AT SCHOOL AND BUS

I request that my child (Name)_____, (Grade)_____,
be allowed to carry his/her own insulin and self-administer as needed.

_____
(Parent/Guardian Signature)

I advise that_____be allowed to carry and use their insulin as prescribed during the school day._____has been instructed in its proper use and any possible side effects.

Name of Medication _____

Purpose of Giving Medication _____

Amount to be Given at School _____

Time of Day to be Administered _____

Starting Date _____

Any Side Effects _____

_____
(Physician Signature)

This permission will be reevaluated whenever there are major changes in the child's condition or treatment plan, or whenever the child misuses the medication or shows a lack of responsibility in handling it.

Student_____Principal _____

Parent_____Nurse _____

Date_____

Revised 4/2026