Consent to Carry & Self Administration of Epinephrine / Inhaler

To be completed by parent/guardian

Student Name: _____ Campus: _____ Grade: _____

Student ID: _____ DOB: _____

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

To be completed by prescribing provider

Provider Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Prescribed Medication: _____

Reason for Medication: _____

How/when medication should be used at school: _____

Anticipated length of treatment (as appropriate): _____

_____ has a condition that is treated with the above named medications. He/She has been instructed in the proper use of the above medication. He/She is capable of administering their medications, either at school or at any school-related event or activity. Any change to the above medication, dosage or recommended regimens will be accompanied by an updated version of this form.

Prescribing Provider's Signature: _____ Date: _____

To be completed by parent/guardian

I give permission for _____ to carry and self-administer the above named medications at school or any school-related activity. I release the school district and its employees from liability from an injury arising from the carrying or self-administered use of the above medication while on school property or any school-related event or activity. I agree to indemnify the school district and its employees from any claim arising from the carrying or self-administered use of the above named medication while on school property or any school-related event or activity.

Parent/Guardian Signature: _____ Date: _____

To be completed by the student

I have been instructed in the proper use of my medication. I am capable of carrying and self-administering my medication. I agree to carry and use my medication in the proper manner and will not use my medication except for its intended purpose. I understand that I am responsible for the safeguarding of the carried medication.

Student Signature: _____ Date: _____

Non-discrimination statement: Magnolia ISD does not discriminate on the basis of race, religion, color, national origin, sex, age or disability in providing education services, activities and programs, including vocational programs, in accordance with Title VI of the Civil Rights Act of 1964, as amended, Title IX of the Educational Amendments of 1971; and Section 504 of the Rehabilitation Act of 1973, as amended.