

## Authorization for Student to Carry Medication Prescription Inhaler, Epi-Pen, or Insulin

I believe	to be capable of administering and carrying	
sa	fely and appropriately. The above-	named student has been
instructed in the proper use	of the medication and fully unders	stands how to administer this
medication. (It is preferable	that a second prescription labeled	inhaler, Epi-Pen, or additional
insulin be kept in the clinic ir	n case the first is lost or left at hom	ne).
Medication	Dosage and Directions	
Physician's Stamp and Signat	ture	Date
understand how to administ medication under any circun prescription, the privilege of	e proper use of my prescription laber the medication. I will not allow er the medication. I will not allow enstances. I also understand that she carrying my medication may be real with the school nurse to keep the ving problems.	another student to use my ould another student use my evoked. I also accept the
Student's Name	Student's Signature	 Date
to carry and use the prescrip responsibility should the me above-named student. I und medication may be revoked.	ne above-named student and I here otion medication described above vertication be lost, given, or taken by erstand that if this should happen, I release any of the City Schools of the above-named student admin	while at school. I accept legal a person other than the the privilege of carrying the f Decatur and its employees of
Parent/Guardian's Name	Parent/Guardian's Signatur	 e. Date