

**PERMISSION TO SELF~CARRY/SELF~ADMINISTER MEDICATION**

\_\_\_\_\_, has my permission to self carry and/or self administer the following named medication/s:\_\_\_\_\_.

**I am aware of and understand the following regulations:**

1. I will keep the medication(s) in their **original container or sealed packaging**, it will have a **visible, current expiration date**, and **prescription medication will have a legible, current prescription label**.
2. I will keep the medication(s) **on my person and/or locked in a safe place**, away from the sight and accessibility of others.
3. My medication is **only for my personal use** ~ and then ~ **ONLY** in an **emergency** situation.

**Parent/guardian, please initial next to A, B, or C.**

- \_\_\_ A. I will go to the Health Office to take my medication **AND/OR, immediately** go there to **report that have taken it. During field trips, I will report this information to the staff member in charge.**
- \_\_\_ B. If after using/taking my medication I feel **NO RELIEF ~ OR ~ MY CONDITION WORSENS**, I agree to go **directly** to the Health Office, **OR to inform** my teacher/staff member that I need **immediate** medical attention.
- \_\_\_ C. If I need to use my **EPI pen** I will tell the closest adult to **immediately call 9-911** and have the **school's Health Office staff** come to help me.

My signature below indicates that **I understand how to safely administer this medication** or that **I agree my child is capable of safely administering this medication** and **I will comply with the above directives**. I am also aware that if **I have any questions or concerns, I can ask the Health Office staff or my medical provider for assistance.**

\_\_\_\_\_  
Parent/guardian signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Student signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Lorraine Sawyer, RN, BSN, School Nurse

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_