



Inhaler and Epi-Pen Permission Form

Student's Name: _____ Birthdate: _____

Grade: _____ Teacher: _____

Please check the administration option below that you prefer for your child.

_____ **Option # 1 Inhaler/Epi-Pen used in the nurse's office.** The student comes to the nurse's office where the inhaler/epi-pen is kept and uses it under supervision. The advantage is that the medication use will be supervised and records will be kept.

I hereby grant permission for medication described below to be administered to my child at school.

Parent Signature_____
Date

_____ **Option #2. Student carries Inhaler/Epi-Pen.** The student will carry the inhaler/epi-pen. The advantage is immediate accessibility. Under option #2 no records will be kept documenting student use of medication. If you choose this option, it is recommended that you keep a spare in the nurse's office should the student run out or forget their medication. By signing below, you agree that the school district and its employees are to incur no liability, except for willful and wanton misconduct, as a result of any injury arising from self-administration of medicine by the student.

Parent Signature_____
Date

Consent for Release of Medication Information

I hereby grant permission for the school nurse to exchange information with the treating physician regarding medication administered to my child at school.

Parent Signature_____
Date

Prescribed Medication Information

(to be completed by the physician)

Diagnosis: _____

Name of medication and dose: _____

I certify that _____ has been instructed in the use and self-administration of the above named medication. He/she understands the need for the medication, and the necessity to report to school personnel any unusual side effects. He/she is capable of using this medication independently.

Physician's Printed Name: _____ Date: _____

Physician's Signature: _____ Phone#: _____