

**EMERGENCY SELF-CARRY MEDICATION PERMISSION FORM**

Permit is required for student to carry and use medication in school or at school-related activities. Medication **must** be in the Original container with Label Instructions. This form must be completed by a physician.

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Physical Condition (Diagnosis): \_\_\_\_\_

Treatment: - check those that apply:

- Inhaler( name): \_\_\_\_\_
- Epi-pen
- Twinject
- Auvi-Q
- Other-explain: \_\_\_\_\_

Specific treatment instructions: \_\_\_\_\_

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I affirm the following (circle either yes or no):

Yes No: Child received training in the proper use of the Epi-pen, inhaler Auvi-Q and/or medication.

Yes No: Child demonstrates the proper technique while using the Epi-pen, inhaler, Auvi-Q and/other medication.

Yes No: Recognizes and understands proper and prescribed timing for medication.

Yes No: Will not share the medication with other students.

Yes No: Agrees to come to the nurses' office for evaluation after using the inhaler/emergency medication.

Yes No: I request that the child carry and self administer the above named medication during school hours and at school activities.

PRECAUTIONS/POSSIBLE UNTOWARD REACTIONS AND RECOMMENDED INTERVENTIONS