

**ALACHUA COUNTY PUBLIC SCHOOLS
HEALTH SERVICES
SELF-ADMINISTRATION PERMIT FOR INHALERS/EPINEPHERINE PEN**

Student Name: _____

School: _____ Grade: _____

I give permission for my child, named above, to self-administer the following inhaler medication:

_____ Until _____
Name of medication *date*

The reason for the medication is _____

I understand that, for safety reasons, it is important for the school to know what medication(s) my child is taking. I understand also that my child is responsible for this medication while he/she is carrying it, and also responsible for administering the medication to him/herself in a safe manner.

Because the student is carrying his/her own medication, no record of administration will be kept at the school, but we do ask that the student come to the clinic if after two doses of medication there has been no improvement.

Signed: _____ Date: _____
Parent

Form No. HTH 956.001

Revised Date: _____

SELF ADMINISTRATION PERMIT FOR INHALER OR EPI PENn/Health