

Sample Form

Alachua County Public School – Health Services
**AUTHORIZATION FOR SELF-CARRY/ADMINISTRATION OF MEDICATION
for Inhaler, EpiPen, Insulin and Pancreatic Enzymes**

Do not use this form for medications to be given in the clinic – only use this form for the items listed above for the student to carry in their backpack.

Student's Name: _____ Date of Birth: _____ Grade: _____

School Name: G.H.S. _____

The following section is to be completed by the parent or legal guardian:

List child's health conditions and allergies: _____

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

Name of medicine: _____ Expiration date: **Make sure that the medication is not going to expire before the end of the school year**

Amount to be given: _____ Time(s) to be given: **If you have a set time that the medication is to be given then write it here, if it is only to be used as needed, then just write "As Needed".**

Prescribing doctor's name: _____

Illness or condition prescribed for: _____

Dates to be given: beginning on date: from the day the medication is to be started ending on date: the day the medication is to end. If it is an ongoing medication, such as an inhaler that you want available to your child throughout the entire school year then put the last day of school, which will be June 5th, 2014.

PARENT/GUARDIAN AUTHORIZATION

I take responsibility for this permission. I understand that the medication must be in the original pharmacy container, labeled with the name of the student, prescribing health care provider, and medication; date of original prescription; strength and dose of medication; and directions for use. **I understand that, for safety reasons, it is important for the school to know what medication(s) my child is taking and if any changes in the prescription occur the school nurse will be notified.**

Parent/Guardian name: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Signature: _____ Date: _____

We accept the parent request statement. We will permit and assist the student to be responsible, but reserve the right to withdraw the privilege if the student shows signs of irresponsible behavior or there is a safety risk. We will contact the parent as soon as possible in this event.

School Nurse

Date