



## Authorization for Student to Carry Emergency Medication and/or Medical Technology/Equipment

\_\_\_\_\_, a student at \_\_\_\_\_ School, needs to carry emergency prescription medication and/or medical technology/equipment with him/her, as listed below. The above-named student has been instructed in the proper use of the medication and equipment and fully understands how to administer this medication and/or perform procedure(s) as ordered by the physician.

Please check one:

Is student capable of administering the medication or performing the procedure independently?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Comments \_\_\_\_\_  
\_\_\_\_\_

Medication

Dosage and Directions

Medical Technology/Equipment

Physician's Signature

Date

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I have been instructed in the proper use of my prescription labeled medication and equipment and fully understand how to administer this medication and/or performing the procedure. I will not allow another student to use my medication and/or technology/equipment under any circumstances. I also understand that should another student use my prescription or technology/equipment, I may be disciplined in accordance with the school discipline procedures which could result in revoking classroom administering privileges. I also accept the responsibility for checking in with the school nurse to keep her informed of use of my medication in case I start having problems.

Student's Signature

Date

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I hereby request that the above-named student, over whom I have legal control, be allowed to carry and use the prescription medication and/or technology/equipment described above, at school. I accept legal responsibility should the above medication and/or technology/equipment be lost, given or taken by a person other than the above-named student. I understand that if this should happen, my child may be disciplined which could result in revoking classroom administering privileges. I release the Cherokee County School District and its employees of any legal responsibility when the above-named student administers his/her own medication.

Parent/Guardian's Signature

Date