Authorization For Students to Carry Emergency Medication

FCS acknowledges that a student who carries their emergency medication may not be able to self-administer their own emergency medication, in which school personnel are authorized to administer.

_____needs to carry the medication listed below prescribed by their physician (inhaler, epinephrine auto injector, insulin, diabetic supplies, emergency seizure medication and/or other emergency prescription medications.

The above-named student has been instructed in the proper use of the medication and fully understands how to administer this medication if able.

It is preferable that a second prescription inhaler, epinephrine auto injector, insulin, diabetic supplies, emergency seizure medication and/or other emergency prescribed medication be kept in the school clinic.

Name of Medication: _____

Practice Name | Address | Telephone Number

Physician's Name (Please Print) | Credentials

Physician's Signature | Date

I have been instructed in the proper use of my prescription labeled medication and fully understand how it is administered. I will not allow another student to use my medication under any circumstances. I also understand that should another student use my prescription, the privilege of carrying my medication may be altered. I also accept responsibility for notifying the school nurse each time I take my medication.

Student's Signature _____ *Date* _____

I hereby request that the above-named student, over whom I have legal guardianship, be allowed to carry, and use this prescribed medication at school:

- I accept legal responsibility should the medication be lost, given to, or taken by another person other than the above-named student.
- I understand that if this should happen, the privilege of carrying the medication may be altered.
- I release Forsyth County School System and its employees of any legal responsibility when the above-named student administers his/her own medication.

Parent/Guardian Name (Please Print) | Parent/Guardian Signature | Date