

**Muscogee County School District  
Student Health Services**

**Authorization for Student to Carry a Prescription  
Inhaler, EpiPen® or Diabetic Supplies**

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

School Year: \_\_\_\_\_

The above named student is authorized to carry the following prescription labeled inhaler, EpiPen® or Diabetic supplies (i.e. insulin, glucose tabs, etc.) with him/her. The above named student has been instructed in the proper use of the medication and fully understands how to administer this medication. It is preferable that a second prescription labeled inhaler, EpiPen® or additional diabetic supplies be kept in the clinic in case the first is lost or left at home.

Medication	Dosage and Directions
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Physician's Signature or Stamp	Date
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I have been instructed in the proper use of my prescription labeled medication and fully understand how to administer this medication. 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 revoked. 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 described above, at school. I accept legal responsibility should the above medication be lost, given or taken by a person other than the above named student. I understand that if this should happen, the privilege of carrying the medication may be revoked. I release the Muscogee County School District and its employees of any legal responsibility when the above named student administers his/her own medication. By signing, I release the school district and its employees and agents from civil liability for administering such medication or if the self-administering student suffers an adverse reaction as a result of self-administration of such medication.

Parent/Guardian Signature	Date
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A new authorization is required each school year. This form requires a physician signature to allow the student to carry medication during the school day.