Authorization for Student to Carry a Prescription Inhaler, EpiPen® or Insulin

needs to carry the following prescription labeled inhaler,
EpiPen® or insulin 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 insulin be kept in the clinic in case the first is lost or left at home.)

Medication

Dosage and Directions

Physician’s Signature or Stamp Date

2p of of fe oh oe as ae Whe ae Sc 9 Fe et ae fe hee AR ae AC ae oh oe Rade ae ae Ke abe as he he oie 9 ahs aft ah os a safe ae he aps is hs Ooh oe he oe oe abe he hae ae oe oe OE BR OR KK

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

EKRAKEKREKAKEKEKKEARERERSRAKA RAKE LEEKS EREKRKAKKAEKKKEREAREKRRE KK KARE KARR KE EKAKEA KH

I hereby request that the above named

ut〄뀄စ ࡋA�G瀂� wit`횇⠍蜧 큉t lo츂�爀怇rސ㌶ఀ and

privm㡀Ґ�

。ȑ⥴aƓ㐐蒴ab⎀ە۰ी刀䛠㐆耆倂�⃘ۨٔ responsibղ耀osᦒ൷鉀ဇ䀆耆ဇ䀂�ܰ dhe 甥ᛐސȀऀ mediccـȀ mot ၩP@Ȁ݀ anစ㍄。쀂�Ȁِ礀漀琀ऀ ɋAGၩn �  倇怆〆勀Ȁ U䀇�