



HEALTH and WELLNESS SERVICES

1200 South Barr Street · Fort Wayne, IN 46802 · Phone: 260.467.1080 · Fax: 260.467.2862

Emergency Self-Carry Medication Permit 2018-19

Permit is required for student to carry and use medication in school or at school-related activities. Medication must be in the Original container with Label Instructions. This form must be completed by a physician.

Student: \_\_\_\_\_ DOB: \_\_\_\_\_
School: \_\_\_\_\_ Grade: \_\_\_\_\_

Physical Condition (Diagnosis): \_\_\_\_\_

Treatment - check those that apply

- ☐ Inhaler (name) \_\_\_\_\_
☐ Epi Pen ☐ Twinject® ☐ diphenhydramine
☐ Other-explain

Specific treatment instructions:
\_\_\_\_\_
\_\_\_\_\_

I affirm the following:

Table with 2 columns: Yes, NO. Rows include training, technique, timing, sharing, clinic visit, and carry permission.

PRECAUTIONS/POSSIBLE UNTOWARD REACTIONS AND RECOMMENDED INTERVENTIONS (USE OTHER SIDE TO EXPLAIN )

- ☐ In my opinion, this child shows capability to carry and self-administer the above medication
☐ The parent/legal guardian will supply additional emergency medication, indicated above, to be kept in the school clinic in case the child fails to have the self-carry medication.

The school nurses will accept the parent request and physician statement. They 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 if there is a safety risk. They will contact the parent as soon as possible in this event. The FWCS Board and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the student outside the supervision of the RN.

Physician's Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_
Parent/legal Guardian Signature \_\_\_\_\_ Student's Signature \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_

OVER (CONTINUE ON THE REVERSE SIDE)



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*Precautions, possible untoward reactions and recommended interventions*

Emergency Inhaler: \_\_\_\_\_

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Epi-Pen: \_\_\_\_\_

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Medication (specify)

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