

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 2019-20

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: School:			DOB:	DOB: Grade:		
	sical Condition	n (Diagnosis):				
		those that apply:				
	nhaler (name)	TI J				
☐ EpiPen ☐ Other-explain Specific treatment instructions:			☐ Twinject®	☐ Diphenhydramii	ne	
I aff	firm the follow	ving:				
Yes NO Child received training in the proper use of the Epi-Pen, inhaler, and/or medication Child demonstrates the proper technique while using the Epi-Pen, inhaler, and/or medication. Recognizes and understands proper and prescribed timing for medication Will not share medication with others Agrees to come to clinic for evaluation after using inhaler/emergency medication I request that the child carry and self-administer the above named medication during school hours and at school activities. 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 ri soon	ight to withdraw th as possible in this	e privilege if the student shov event. The FWCS Board and	physician statement. They will permit a ws signs of irresponsible behavior or if th l its employees and agents are to incur n ation of medication by the student outside	here is a safety risk. They will o liability, except for willful a	contact the parent as	
	Physician	's Signature	Print Name	Telephone	Date	
	Parent/legal	Guardian Signature	Student's Signature	Telephone	Date	

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Precautions, possible untoward reactions and recommended interventions

Emergency Inhaler:	
Epi-Pen:	
Medication (specify)	