



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 2017-18

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:

- checkbox Inhaler (name)
checkbox EpiPen
checkbox Twinject®
checkbox Diphenhydramine
checkbox Other-explain

Specific treatment instructions:

I affirm the following:

Table with 3 columns: checkbox, Yes, NO. Rows include affirmations about medication training, technique, timing, sharing, and school carry.

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

- checkbox In my opinion, this child shows capability to carry and self-administer the above medication
checkbox 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.

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: _____

Epi-Pen: _____

Medication (specify)

