



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:

- Checkboxes for Inhaler (name), EpiPen, Twinject®, Diphenhydramine, and Other-explain.

Specific treatment instructions:

I affirm the following:

Table with 2 columns (Yes/NO) and 6 rows of affirmations regarding medication use training and consent.

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

- Checkboxes for parent/physician opinion on student's capability and additional emergency 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)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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