



Authorization to Carry and Self Administer Form

Northmont City Schools
4001 Old Salem Road
Englewood OH 45322

Epinephrine Medication (Epi-Pen) Asthma medication (Rescue Inhaler)

Name of Student: _____ Student's birthdate: _____

School Building: _____ Grade/Team: _____ Teacher: _____

Diagnosis: _____

Medication: _____ Prescribed Dosage: _____

Time and frequency to administer medication: _____ Date the administration of the medication is to:

_____ Begin: _____ End: _____

Known Allergen: _____

- I have instructed _____ (student's name) in the proper way to use his/her medication. It is my professional opinion that he/she should be allowed to carry and self-administer _____ (name of medication) while on school property or at school related events.
- A back up dose of the Epi-Pen is required to be located at the school clinic.
 - His/her parents are aware there will not be an inhaler available in the school clinic unless they decide to provide an extra one.

- It is my professional opinion that _____ (student's name) should NOT be allowed to carry and self-administer this medication while on school property or at school related events. It should be kept in a designated area (school clinic) and be accessible to the student.

Physician's signature

Address

Physician's printed name

Phone

I permit my child access to the above listed medication as ordered by his/her physician/practitioner. I understand my child, not the school, is responsible for the storage, possession, and use of the medication. I understand that sharing medication with other students will result in disciplinary action. If the student does not follow the above agreement, the privilege of carrying and self administering his/her medication will be revoked. (For Epi-Pen: I understand that if my student is able to self-carry this medication, a backup dose of the Epi-Pen is required to be located in the clinic.)

Parent/Guardian signature

Date

Cell Phone

Daytime Phone

Evening Phone

Emergency Contact: _____ Relationship to student: _____

Cell Phone: _____ Other phone number: _____

**** This form is valid for one (1) school year. ****