



## Jubilee Academic Center

Return form to  
school office

### Permission Form for Anaphylaxis Medication

Student name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_

I authorize my student to possess and self-administer prescription anaphylaxis medication while on school property or at a school-related event.

I have provided the following to the school:

- A written statement from the student's physician or other licensed health care provider, signed by the physician or provider, that states:
  - a) That the student has the potential for anaphylaxis and is capable of self-administering the prescription medicine
  - b) The name and purpose of the medicine
  - c) The prescribed dosage for the medicine
  - d) The times at which or circumstances under which the medicine may be administered
  - e) The period for which the medicine is prescribed
- The prescription medicine that has been prescribed for my student with the appropriate pharmacy label that matches the above information from the physician. Medicine is current and not expired.
- A Food Allergy Action Plan, completed by the physician, providing instruction and permission to school staff to administer the prescription medicine in the event my student is unable to perform this task.

My student and I have met with the principal regarding the responsibilities related to my student possessing and self-administering this medicine.

Parent printed name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Principal Signature: \_\_\_\_\_

Date of meeting/signatures: \_\_\_\_\_