

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Student: \_\_\_\_\_ School: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Health Care Provider: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Medication: \_\_\_\_\_  
Dosage: Amount to administer: \_\_\_\_\_ Time to Administer: \_\_\_\_\_

***Both parent/guardian and health care provider must complete and sign a Medication Authorization Form to remain in file at the school. In addition, the student's full name must appear on the medication container, including inhaler and EpiPen and all medical equipment.***

***Student Responsibilities & Agreement ~***

I request to keep my inhaler, medical equipment, EpiPen with me while at school, rather than in the school office.

I agree to use my inhaler, medical equipment, EpiPen in a responsible manner and in accordance with my health care provider's orders.

I will notify the school nurse or school administrative office should I have more difficulty than usual with my health condition.

I will not allow any other person to use my inhaler, medical equipment, EpiPen.

Other: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Student Signature Date

***School Responsibilities & Verification ~***

- Emergency Action Plan is complete and on file at the school.
- Medication is kept in constant, pre-determined location.
- Agrees to carry medication on person.
- Understands own health condition well.
- Student demonstrates correct use/administration of self-carried medication.
- Recognizes correct and prescribed timing for medication.
- Will not share inhaler, medical equipment, EpiPen, or other medication with others.
- Additional medication is kept in a labeled container in the health or school administrative office.

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
School Nurse Signature Date

Updated 7/16/15