



Permission to Carry Medication

This form gives permission to _____ to carry his/her emergency medication during the school day.

The medication is: (circle appropriate medication)

Epipen .3mg (upper school students only)

Emergency Asthma Inhaler (please list type)

The medication will be kept in the location indicated below:

(backpack, locker, on person, etc)

_____ is aware of the reasons for use of his/her medication and has been deemed responsible for its appropriate use. If abuse is suspected at any time, this plan may be changed. The nurse's office will store a back-up supply of this medication as well.

Parent signature

Student signature

Nurse signature