St. Michael Catholic School
Emergency Self-Carry Medication Permit

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 Name: _____

Physical condition (Diagnosis) _____

Allergies to Medications, Food, Insects: _____

Treatment – Check those that apply

☐ Epi Pen ☐ Diphenhydramine ☐ Other_____

☐ Twinjet ☐ Inhaler _____

Specific treatment instructions: _____

_____

_____

I affirm the following: *Please Circle YES or NO*

YES	NO	Child received training in the proper use of the Epi Pen, Inhaler, and/or medication as advised by physician
YES	NO	Child demonstrates the proper technique while using the Epi-Pen, inhaler, and/or medication
YES	NO	Recognizes and understands proper and prescribed timing for medication
YES	NO	Will not share medication with others
YES	NO	Agrees to come to the nurse's office for evaluation after using inhaler/emergency medication
YES	NO	I request that the child carry and self-administer the above named medication during school hours and at school activities

Precautions/Possible untoward reactions and recommended interventions

Emergency Inhaler: _____

_____

Epi-Pen: _____

_____

Medication (specify): _____

_____

_____

In my opinion, this child shows capability to carry and self-administer the above medication The parent/legal guardian will supply additional emergency medication, indicated above, to be kept in the school nurse's office in case the child fails to have the self-carry medication.

The school nurses will accept the parent request and physician statement. The school and /or school personnel are to incur no liability, as a result of any injury arising from the self-administration of medication by the student outside the supervision of the nurse.

Physician's Signature Printed Name Telephone Date

Parent/Legal Guardian Signature Printed Name Telephone Date