PICKENS COUNTY SCHOOL DISTRICT Authorization to Carry Emergency Rescue Medication Prescription Inhaler, EpiPen, Diabetic Supplies, Diastat, Narcan, etc

_____ needs to carry the following emergency rescue medication prescription _____ with him/her at all times. The above-named student has been instructed in proper use of the medication and fully understands how to use/administer this medication.

It is preferable that a second "back up" inhaler, epi pen, or diabetic supplies be kept in the clinic to use if needed

I have been instructed in the proper use of my prescription labeled medication and fully understand how it is to be used/administered. I will not allow another student to use my medication under any circumstances. I also understand that should another student use my medication, the privilege of carrying my medication may be altered. I also accept responsibility for notifying the School Nurse each time I use my medication.

_____ _____

Student Signature **Date**

I hereby request that the above-named student, over whom I have legal guardianship, be allowed to carry and use the prescribed medication at school:

- I accept legal responsibility should the medication be lost, given to, or taken by another person other than the above-named student.
- I understand that if this should happen, the privilege of carrying the medication may be altered.
- I release the Pickens County School System and its employees of any legal responsibility when the above-named student administers his/her own medication.

_____ _____ _____

Signature of Legal Guardian **Relationship to student** **Date**

Name of Medication: _____

Physician's Name: _____

Physician Address: _____Phone: _____