

# Randolph Field Independent School District

## Permission to Carry Emergency Medications at School

Name of Student: \_\_\_\_\_

Birth Date: \_\_\_\_\_

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

Grade: \_\_\_\_\_

### Physician Authorization

Name of Medication / Dosage: \_\_\_\_\_

Times to be administered / Instructions: \_\_\_\_\_

Medication Start Date: \_\_\_\_\_ Medication End Date: \_\_\_\_\_

(All authorizations expire at the end of the school year)

☐ \_\_\_\_\_ (Name of Student) is knowledgeable about the purpose of this medication, the dosage, administration time and circumstances upon which to use it. The student has been instructed on how to self-administer the medication and has the skills to safely possess and use this medication. Student may carry and self-administer the above medication.

☐ An Emergency Action Plan is included with this authorization form.

\_\_\_\_\_  
Print Name of Physician

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Clinic Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

### Parent / Guardian Authorization

A student may possess and self-administer emergency medications while on school property or at a school related event. The conditions are that the prescription label shows that the medication has been prescribed for that student, the self administration is in compliance with the prescription or written instructions from the student's physician, and the parent has given written authorization. This form must be kept on file in the Randolph Field Independent School District school nurses office.

I request that my child be allowed to carry and self-administer the above medication according to the physicians' instructions. I release school personnel from liability in the event adverse reactions result from taking the medication. I will notify the school of any change in the medication or if the medication is discontinued. I give permission for the school nurse to communicate with the student's teachers about the student's medical condition.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE: Medication is to be supplied in the original prescription container with label.  
It is recommended that an additional dose be kept in the school nurse's office.**