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 / Instruction	ons:	
Medication Start Date:	Medication End Date:	
(All authoriz	zations expire at the end of the school year)
this medication, the dosage, adminis has been instructed on how to self-a	(Name of Student) is knowledged stration time and circumstances upon which will be the medication and has the slarry and self-administer the above medical controls.	hich to use it. The student kills to safely possess and
☐ An Emergency Action Plan is inc	cluded with this authorization form. Physician Signature	
Clinic Address	Phone Number	Date
<u>Pa</u>	arent / 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 f 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.		cation has been prescribed for en instructions from the
physicians' instructions. I release taking the medication. I will notify	I to carry and self-administer the above medical eschool personnel from liability in the event adverthe school of any change in the medication or the school nurse to communicate with the students.	erse reactions result from if the medication is
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.