



# Authorization to Carry and Self Administer Form

Northmont City Schools  
4001 Old Salem Road  
Englewood OH 45322

Epinephrine Medication (Epi-Pen)     Asthma medication (Inhaler)

Name of Student: \_\_\_\_\_ Student's birthdate: \_\_\_\_\_

School Building: \_\_\_\_\_ Grade/Team: \_\_\_\_\_ Teacher: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_ Prescribed Dosage: \_\_\_\_\_

Time and frequency to administer medication: \_\_\_\_\_ Date the administration of the medication is to:

\_\_\_\_\_ Begin: \_\_\_\_\_ End: \_\_\_\_\_

Known Allergen: \_\_\_\_\_

- I have instructed \_\_\_\_\_ (student's name) in the proper way to use his/her medication. It is my professional opinion that he/she should be allowed to carry and self-administer \_\_\_\_\_ (name of medication) while on school property or at school related events.
- A back up dose of the Epi-Pen is required to be located at the school clinic.
  - His/her parents are aware there will not be an inhaler available in the school clinic unless they decide to provide an extra one.

- It is my professional opinion that \_\_\_\_\_ (student's name) should NOT be allowed to carry and self-administer this medication while on school property or at school related events. It should be kept in a designated area (school clinic) and be accessible to the student.

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Physician's printed name

\_\_\_\_\_  
Phone

I permit my child access to the above listed medication as ordered by his/her physician/practitioner. I understand my child, not the school, is responsible for the storage, possession, and use of the medication. I understand that sharing medication with other students will result in disciplinary action. If the student does not follow the above agreement, the privilege of carrying and self administering his/her medication will be revoked. (For Epi-Pen: I understand that if my student is able to self-carry this medication, a backup dose of the Epi-Pen is required to be located in the clinic.)

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Evening Phone

Emergency Contact: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other phone number: \_\_\_\_\_

**\*\* This form is valid for one (1) school year. \*\***