Date: ______________________

Student's Name: __________________________

has been instructed in the proper use of the following medication procedures: ______________________

____________________________________

We (Physician's signature) ___________________________ and

(Parent or Person in Parental Relation's signature) ___________________________

request that (Student's name) ___________________________ be permitted to carry the medication on his/her person or to keep same in his/her locker or physical education locker, as we consider him/her responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency of use. He/she understands the importance of immediately notifying the teacher or school registered professional nurse of the use of an anaphylactic medication.

Note: This form must be completed in addition to the routine District medication form for those students who request permission to carry their own medication on campus or keep this medication in a school or physical education locker.