*Saint Joseph Hessen Cassel School*

**Emergency Self-Carry Medication Permit**

*Permission is required for student to carry and use medication in school or at school-related activities. Medication must be in the Original container with Label Instructions. This form must be completed by a physician.*

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grade:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Teacher:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Treatment - check those that apply:** | | |
|  Inhaler (name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  Epi Pen |  Auvi- Q |  diphenhydramine |
|  Other-(explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**To be completed by Physician’s Office:**

\_\_\_\_ Child received training in the proper use of the Epi-Pen, inhaler, and/or medication

\_\_\_\_ Child demonstrates the proper technique while using the Epi-Pen, inhaler, and/or medication.

\_\_\_\_ Child Recognizes and understands proper and prescribed timing for medication

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| --- | --- | --- | --- | --- |
| \_\_\_\_ In my opinion, this child shows capability to carry and self-administer the above medication  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*   |  |  |  |  | | --- | --- | --- | --- | | **Physician’s Signature** | **Print Name** | **Telephone** | **Date** | |
|  |

**To be completed by Parent/Student: (initial)**

\_\_\_\_\_\_ /\_\_\_\_\_\_ Student will not share medication with others

\_\_\_\_\_\_/ \_\_\_\_\_\_ Agrees to come to clinic for evaluation after using inhaler/emergency medication

 **Parent:** Please check box if you will supply additional emergency medication, indicated above, to be kept in the school clinic in case the child fails to have the self-carry medication.

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| *The school nurses will accept the parent request and physician statement. They will permit and assist the student to be responsible, but reserve the right to withdraw the privilege if the student shows signs of irresponsible behavior or if there is a safety risk. They will contact the parent as soon as possible in this event. Saint Joseph Hessen Cassel School and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the student outside the supervision of the school nurse or trained office staff member.*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*   |  |  |  |  | | --- | --- | --- | --- | | **Parent Signature** | **Students Signature** | **Telephone** | **Date** | |