

# The Anthony School EpiPen/Inhaler

## AUTHORIZATION FOR SELF-CARRY/ADMINISTRATION OF MEDICINE AT SCHOOL AND AFTER-SCHOOL ACTIVITIES

The Anthony School policy permits a responsible, trained student to carry and/or self-administer medication for asthma (wheezing) and/or severe allergic reaction (anaphylactic). This medication is for immediate use in a life-threatening situation with written order of physician and parent request; approval is required by the School Nurse and Head of School. This includes EpiPens and inhalers only. No other medication may be carried by the student without prior approval from the school.

**Name of Student** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_  
**Grade** \_\_\_\_\_ **Homeroom Teacher** \_\_\_\_\_ **Date Form Submitted** \_\_\_\_\_

Condition for which the medication is administered

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Name of medication, dose and method administered

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Time or indication for administration \_\_\_\_\_

Is this a controlled drug?  Yes  No      Physician/Contact Number \_\_\_\_\_

Side effects to be noted/reported \_\_\_\_\_

Duration (dates) of administration: From \_\_\_\_\_ to \_\_\_\_\_ (limit of one school year)

### PARENT/GUARDIAN AUTHORIZATION

I request that my child, named above, be permitted to  carry and/or  self-administer the above ordered medication. I take responsibility for this permission. I understand that the medication must be in the original pharmacy container, labeled with name of student, prescribing health care provider, and medication; date of original prescription; strength and dose of medication; and directions for use. I understand that The Anthony School is not responsible/liable for severe reaction(s) that may occur from misuse/sharing of this medication. It is the parent's responsibility to supply all updated medical information for student.

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Parent Signature	Date	Student Signature	Date
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Parent Telephone Numbers

We accept the parent request and/or physician statement. We 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 there is a safety risk. We will contact the parent as soon as possible in this event.

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School Nurse Signature	Date	Head of School Signature	Date
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