



# Clinton School District



## Authorization for Student to Carry a Prescription Inhaler, Epi-Pen, and /or Insulin

----- (student name) needs to carry the following prescription-labeled inhaler, epi-pen, and/or insulin with him/her. All medication must have a prescription label affixed to the actual container.

My child has been instructed in the proper use of their prescription-labeled medication and fully understands how it is administered. My child will keep the medication with them and on their persons at all times. My child will not allow another student to use their medication under any circumstances. I also understand that should another student use my child's prescription medication, the privilege of carrying the medication may be altered.

I hereby request that the above named student, over whom I have legal guardianship, be allowed to carry and use this prescribed medication at school:

- I accept legal responsibility should the medication be lost, or not immediately available, given, or taken by a person other than the above named student.
- I release Clinton School District and its employees of any legal responsibility when the above named student administers his/her own medication.
- I understand that the district and its employees or agents shall incur no liability as a result of an injury arising from the self-administration of medication by the student, absent any negligence by the District, its employees or agents.
- Completion of this form authorizes Student Health Services Team to discuss this medication order/request with the prescribing provider if indicated or needed.

Parents Name: \_\_\_\_\_ Students Medical Condition/Diagnosis: \_\_\_\_\_

Parents Numbers: \_\_\_\_\_ Name of Medication: \_\_\_\_\_

Student's Physicians name and phone: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Clinton School District reserves the right to seek emergency medical treatment for the student when deemed necessary and appropriate.  
This form is effective only for the school year in which such authorization is granted. 2022-2023