

**Lisbon School Department**  
**PERMISSION FOR STUDENT TO CARRY/SELF-ADMINISTER MEDICATION**

*In cases where a doctor determines that it is essential for the well being of the student to carry inhalers, or individual injection devices (i.e. Epipens), the following are required:*

- a. *A written doctor's order stating that the student must carry the particular medication/device because of a potentially life-threatening condition,*
- b. *A parent authorization requesting that the child be allowed to carry and self-administer the medication/device as ordered by the doctor,*
- c. *The parents and student will consult with the school nurse to discuss the conditions and the use of the medication/device, and,*
- d. *The student WILL NOTIFY the school nurse or main office when s/he uses the medication/device.*

**PHYSICIAN STATEMENT**

I hereby order \_\_\_\_\_ to carry and to self-administer the following medication/device: \_\_\_\_\_

under the following conditions: \_\_\_\_\_

Medication dosage and instructions: \_\_\_\_\_

Medical condition for which the child is using the medication/device: \_\_\_\_\_

Date: \_\_\_\_\_ Physician Signature: \_\_\_\_\_

Physician's Telephone #: \_\_\_\_\_

**PARENTAL AUTHORIZATION**

I, the parent/guardian, request that my child, \_\_\_\_\_ be allowed to carry and self-administer his/her prescribed medication/device during school hours.

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date \_\_\_\_\_