Student Permission Form for Possession and Self-Administration of: Rescue Inhalers and EpiPens

Student Name: ________________________________

This letter confirms that the above named student is a current patient and is being treated for (ie.health condition):__________________________________________________________

I agree that the student is responsible and capable of self-administration of the following medications at the Pre-College Experience (please check those that apply):

___ Rapid-acting bronchial inhaler / Rescue Inhaler (please include name, dose and frequency of the medication)
__________________________________________________________

___ Auto-Injectable epinephrine / EpiPen (please include name, dose and frequency of the medication)
__________________________________________________________

**The medications must remain in their original container(s) with the prescribing information intact.

Healthcare Provider Signature: ________________________________ Date: ____________

I, the parent/guardian of __________________________, agree that my child is responsible and capable of self-administration of the above medication(s). I release the Pre-College Experience and its employees from any liability resulting in or arising from the student’s discretionary use and/or possession of the autoinjectable epinephrine (epiPen) and/or Quick Relief Asthmatic Inhaler (Rescue Inhaler).

I also understand that my child must abide by the following:

• The student must report the use of either device to any PCE official or to the PCE Medical Director for follow-up action to be taken to ensure the safety of your child.
• The student must demonstrate to the PCE Medical director how to use his/her EpiPen or inhaler.
• Self-administering privileges may be revoked for improper use, handling and/or sharing of his/her medication to other students.
• It is recommended that a spare EpiPen and/or Inhaler be stored in the PCE Medical Directors office.

Parent/Guardian Signature: ________________________________ Date: ____________

I, __________________________ (student), agree that I am being given permission by my healthcare provider and my parent/guardian to carry and take my own above-named medication(s) as needed. I will keep the permitted medication in my book bag. I will not share with or give my medication to anyone. I will not take my medication for any reason except as prescribed. I understand that my parent(s) and I accept full responsibility for my carrying and taking my own medication as prescribed above. I understand that I will lose the privilege of carrying the medication if I misuse it or do not adhere to the above rules.

Student Signature ________________________________ Date: ____________

PCE Medical Director Signature: ________________________________ Date: ____________