

Authorization for Scholars to Carry a Prescription Inhaler, Epinephrine, Insulin, or Other Approved Medication*

(Operating Guideline on Medication Administration and Storage) Scholar

Name _____ Grade _____ DOB _____

(PRINT LEGIBLY)

AGREE TO THE FOLLOWING: (ONE MEDICATION PER FORM) – SUBMIT FORM TO THE SCHOOL CLINIC

- I need to carry the following prescription-labeled inhaler, epinephrine, insulin, and/or approved medication _____
(PRINT NAME OF MEDICATION LEGIBLY)
- I have been instructed in the proper use of my labeled medication and fully understand how it is administered. I will keep this medication with me and on my person at all times. I will not allow another scholar to use my medication and/or medical supplies under any circumstances. I also understand that should another scholar use my prescription or medication, the privilege of carrying my medication may be reassessed and/or revoked. I also accept the responsibility for notifying the Clinic Assistant each time I take my medication. If on a field trip, I will notify the teacher/GIA staff or chaperone.

Scholar Signature

Date

(Student Health Services strongly encourages each scholar to keep a second prescription inhaler, Epipen, additional Insulin or other prescribed emergency medication in the school clinic in case of emergency and in the event the self-carried medication is lost or left at home.)

To Be Completed by Parent/Guardian

I hereby request that the above named scholar, over whom I have legal guardianship, be allowed to carry and use this 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 scholar. I understand that if this happens, the privilege of carrying the medication may be reassessed and/or revoked;
- I accept the responsibility to inform the school of all medication changes or new dosages, and will submit a new form to reflect each change;
- Medications must be in their original labeled container;
- I release Genesis Innovation Academy (GIA) and its employees of any legal responsibility when supervising or assisting in this medication administration or when the above named scholar administers his/her own medication (to include choking, allergic reaction, side effects and/or health risks related to this medication);
- Completion of this form authorizes Student Health Services to discuss this medication order/request with the prescribing healthcare provider if indicated or needed.
- Pursuant to GIA Medication Administration Policy, Middle School scholars may carry the following over-the-counter medications with the completion of this form: Acetaminophen, Antacids, Aspirin, Cough or Throat Lozenges, Ibuprofen, Midol or Oral Antihistamines. (High School Scholars may also carry these approved medications but no form is required). These medications must be kept in the original containers.

Parent/Legal Guardian Signature

Print Name Legibly

Date

Home Phone: _____ Work Phone: _____ Cell phone: _____

Healthcare Provider and Parent/Guardian: Please turn form over for additional information and instructions.

