



BIRK Infirmary Self-Carry Medication Authorization Form

Students may need to carry medications on them during the school day. Only the approved medications listed below are allowed (unless there are special circumstances and approval from the medical advisor). Please complete this form and return it to the infirmary with a signature from both the prescribing physician and the parent or guardian.

SELF-CARRY INFORMATION

<u>MEDICATION</u>	<u>REASON</u>	<u>DOSAGE</u>	<u>ROUTE</u>	<u>SIDE EFFECTS</u>
ALBUTEROL INHALER: _____				
EPIPEN: _____				
ACNE MEDICATION: _____				

RESPONSIBILITY FOR SELF-CARRY

It is the responsibility of the student's parent/guardian to check in medication with the infirmary staff. Students who self-carry these approved medications should never share with another person, and they should either alert a staff member or go directly to the infirmary after administration (excluding creams and cleansers). Not abiding by these rules may result in the termination of permission to self-carry medication. To be eligible for self-carry it is believed the student can do all of the following; recognize symptoms that would require the usage of the medication, is knowledgeable about the correct use of the medication, will be able to administer the medication to themselves in an emergency and understand that they must abide by the rules described above when carrying the medication at school.

AUTHORIZATION

I, the parent/guardian of the student named above, give permission to my student to self-carry their emergency medication (circled below). This Medication Permission Form is valid for one school year only. Prescription medication must be in an original labeled pharmacy container and a healthcare practitioner signature is required.

Prescribing Provider's Signature: _____ Date: _____

Print Prescribing Provider's Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Signature of Parent or Guardian: _____ Date: _____