

**Apprentice Academy
Student Self-Carry Medication Authorization Form
Emergency Medications**

Student Name: _____ Date of Birth: _____

Medication: _____ Administer For: _____

This form is for students with asthma, diabetes and/or severe allergies who may require emergency rescue medications (inhaler, insulin, glucagon, or epi-pen).

Healthcare Provider: This student is capable of and has been instructed on how to self-administer this medication as directed on the medication consent form (both correct technique and dose intervals). Please allow him/her to self-administer it during school hours or activities. This student will not require adult supervision while taking this medication.

Healthcare Provider Signature: _____ **Date:** _____

Parent/Guardian: I give consent to Apprentice Academy High School of NC to allow my child to self-administer this medicine at school. I understand that my child and I assume responsibility for the proper use and safekeeping of this medicine. I absolve the Apprentice Academy High School of NC School Board and their agents from any and all liability whatsoever that may result from my child taking this medicine at school.

Parent/Guardian Signature: _____ **Date:** _____

Student: I am capable of taking this medicine as recommended and accept this responsibility. I will keep it secure at all times and will not share it with others. I understand that I will be subject to disciplinary actions if medications are shared. I will inform an adult when the emergency medication is used.

Student Signature: _____ **Date:** _____

Office Staff: I have reviewed this request and agree that this student should be capable of safely self-administering this medication.

Staff Signature: _____ **Date:** _____