



**2020-2021 School Authorization
for Scholar to Carry a Prescription Inhaler and/or Prescription Epi-pen**

Scholar Name: _____

My child (named above) needs to carry the following prescription-labeled inhaler and/or prescription-labeled Epi-pen (please circle) with him/her. The above named scholar has been instructed in the proper use of the medication and fully understands how to administer this medication. It is preferable that a second prescription-labeled inhaler and/or prescription-labeled Epi-pen be kept at the front desk in case the first is lost or left at home.

Medication	Dosage	Directions

Physician's Signature or Stamp

Physician's Phone Number

Date: _____

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I have been instructed in the proper use of my prescription-labeled medication and fully understand how to administer this medication. I will not allow another scholar to use my medication under any circumstances. I also understand that should another scholar use my prescription, the privilege of carrying my medication may be revoked. I also understand that I have the responsibility of checking in with the office in case I start having problems with my medication.

Scholar Signature or Parent Signature *(if under 12 years old)*

Date

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I hereby request that the above named scholar, over whom I have legal control, be allowed to carry and use the prescription medication described above at school. I accept legal responsibility should the above medication be lost, given, or taken by a person other than the above named scholar. I understand that if this should happen, the privilege of carrying the medication may be revoked. I release Arlington Christian School, the Board of Trustees, and its employees of any legal responsibility when the above named scholar administers his/her own medication.

Parent/Guardian Signature

Date

