



## Inhaler/EpiPen on Person Consent Form

Student Name: \_\_\_\_\_

My child uses the following: (Circle All That Apply)

- Auto injectable epinephrine (EpiPen)
- Asthmatic Quick Relief Inhaler (Rescue Inhaler)

I certify and authorize my child to self-administer their own auto injectable epinephrine (EpiPen) and/or Asthmatic Quick Relief Inhaler (Rescue Inhaler) at their discretion.

I understand that the following conditions must be met in order for my child to carry his/her own EpiPen and/or Inhaler, and my signature below indicates that I have read and agree to the following:

- I have attached a prescription or written direction (Care Plan) from a state licensed health care practitioner. A copy shall be provided to the charter school from the parent or guardian.
- I will sign this written authorization form allowing the student to possess and use the inhaler and/or autoinjectable epinephrine (EpiPen) at the student's discretion.
- I authorize my child to possess and use their autoinjectable epinephrine (EpiPen) or inhaler at their discretion.
- I release the charter school and its employees from any liability resulting 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 school official or to the school nurse for follow-up action to be taken to ensure the safety of your child.
- The student must demonstrate to the nurse 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 Nurse's Office.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Nurse's Signature