Chrysalis
experiential academy
10 Mansell Court East, Suite 500, Roswell, Georgia 30076 770-649-7077 FAX 678-942-1056

STUDENT HEALTH SERVICES

Authorization For Students to Carry A Prescription Inhaler, EpiPen, Insulin, Or Other Approved Medication

_____ needs to carry the following prescription
Student name
labeled inhaler, epipen, insulin, and/or _____
other medication
prescription medication with him/her. The above names student 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 inhaler, epipen, additional insulin or their prescribed medication be kept in the school office in case that first is lost or left at home.

Please turn form over for additional information and instructions.

_____ _____
Physician's Signature Date

I have been instructed in the proper use of my prescription labeled medication and fully understand how it is administered. I will not allow another student to use my medication under any circumstances. I also understand that should another student use my prescription, the privilege of carrying my medication may be altered. I also accept the responsibility for notifying the Office Assistant or School Director each time I take my medication.

_____ _____
Student's Signature Date

I hereby request that the above named student, over whom I have legal guardianship, be allowed to carry and use this prescribed medication at school.

- I accept legal responsibility should the medication be lost, given or taken by a person other than the above named student.
- I understand that if this should happen, the privilege of carrying the medication may be altered.
- I release Chrysalis Experiential Academy and its employees of any legal responsibility when the above named student administers his/her own medication.

_____ _____
Parent/Guardian's Signature Date

Turn Form Over

Medication Name & Purpose:

_____
_____
_____
_____

Prescribed Dosage:

_____
_____

Administration Instructions/Other Special Instructions:

_____
_____
_____
_____
_____
_____

Side Effects:

Parent/Guardian to complete:

Emergency Contact Numbers:

_____
_____
_____

Chrysalis Experiential Academy reserves the right to seek emergency medical treatment for the student when deemed necessary and appropriate.

This form is effective only for the school year in which such authorization is granted; but subsequent authorization may be granted in any school year in accordance to this policy.

_____ _____
Office Assistant's Signature Date

_____ _____
Director's Signature Date