

Little Miami Local Schools

Authorization to Carry Emergency Epilepsy Medication Form

Student's Name

Date of Birth

School

Grade

The following steps are required for your child to self-carry emergency epilepsy medication at school:

1. Both the parent and the licensed prescriber must complete and sign this form.
2. The student must agree to the items listed under *student contract* and sign the form.
3. New forms must be submitted each school year, for each new medication, and when any changes to the original form occur.
4. Spare emergency epilepsy medication will be kept in the health clinic.

Parent/Guardian Section

I request and give permission for my child to carry emergency epilepsy medication according to the directions of the licensed prescriber in the following section. I authorize the exchange of information between the health care provider and the school regarding my child's emergency epilepsy medication when deemed necessary by school personnel. I understand that my child must adhere to the items listed under *student contract*. I will notify the school of changes in medication or my child's condition.

Signature of Parent

Date

Licensed Prescriber Section

I verify that this medication must be carried by:

Name of the student

Diagnosis for which medication is prescribed

Medication

Strength

Instructions or precautions, including possible side effects

Possible adverse reactions to a student for which this medication is not prescribed who receives a dose

As the prescriber, I have determined that this student is capable of carrying emergency epilepsy medication appropriately and have provided the student with training in the proper use of the medication, if appropriate.

Licensed prescriber signature

Date

Licensed prescriber printed name

Phone Number

Student Contract

The student agrees to never share the medication with another student. The student may be subject to disciplinary action if he/she shares the prescribed medication.

Student Signature

Date