The Catholic Diocese of Wichita
Guideline 317-U
SELF-ADMINISTRATION OF EMERGENCY MEDICATIONS

Name of Student _____ Grade _____

PARENT REQUEST

The above-named student has been instructed in the proper use of:

_____
(name of medication – inhaler or EpiPen)

I have completed the Catholic Diocese of Wichita Administration of Medication at School form (317-T) and it has been given to the administrator/school office attendant prior to use in school.

I request that my child carry the inhaler/EpiPen on his/her person or keep it in his/her locker, purse or book bag, as I consider him/her responsible. The student has been instructed and understands the purpose, appropriate method, and frequency of use of the inhaler/EpiPen.

I absolve the school of any responsibility in safeguarding the student's inhaler/EpiPen.

_____
signature of parent or guardian

.....

STUDENT AGREEMENT

I understand the responsibility of using the _____ (inhaler or EpiPen) during school. If I need to use the inhaler or EpiPen, I will tell my teacher, coach, school nurse, or health service provider that I have used the inhaler/EpiPen and administered it to myself properly. I understand that no other student is to have access to this medication.

_____
signature of student

****Note:***
It is strongly advised that each student leave an extra inhaler/EpiPen in the office/Health Room in the event of a misplaced inhaler/EpiPen. Each inhaler or EpiPen should be labeled with the student's name.

Received _____ _____
date *signature of administrator/nurse*