

HICKMAN COUNTY SCHOOLS

**MEDICAL AUTHORIZATION FOR CARRYING RESPIRATORY  
INHALERS OR EPIPENS**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Diagnosis \_\_\_\_\_

Name & Purpose of the medicine \_\_\_\_\_

Dosage \_\_\_\_\_ Time \_\_\_\_\_ Duration of Use \_\_\_\_\_

This child has been instructed in self-administration of the prescribed, metered dosage, asthma-reliever inhaler or of epipen and should carry this inhaler or epipen on his/her person at all times.

Health Provider's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian Information:** The undersigned parent/guardian hereby agrees to hold harmless the Hickman County School System and its employees against any claims relating to the possession or self-administration of the inhaler or epipen. The Hickman County School System and its employees and agents shall incur no liability as a result of any injury sustained by the student or any other person from possession or self-administration of the inhaler or epipen. The school/Board of Education may suspend or revoke the student's possession and self-administration privileges if the student misuses the inhaler or epipen or makes the inhaler or epipen available for usage by another person.

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_