

Dear Parents/Guardians,

If your student (**grades 5-12**) needs to carry emergency medication, such as inhalers, EpiPens, or diabetic supplies, Indiana Code 20-33-8-13 permits students to do so **provided** the following authorization form is completed. **The physician, parent(s) or guardian(s), and student will need to read, sign, and date this form. A new form must be signed yearly.** The nurses strongly recommend that all students carrying emergency medications should wear a MedicAlert bracelet. Feel free to fax it to us at **317-849-5414** or send your scanned document to *nurse@heritagechristian.net*.

**Physician's agreement:** I advise my patient, (*name*) \_\_\_\_\_, to carry his/her emergency medication during school hours and at school functions. I have instructed him/her on the use of the medication/medical equipment, and I believe he/she is capable of using it independently. The medical diagnosis and medications and/or supplies needed for emergency use are as follows:

Medical Diagnosis: \_\_\_\_\_

Medications and supplies required: \_\_\_\_\_

Signed \_\_\_\_\_ date \_\_\_\_\_

*Doctor's signature*

**The parent/guardian needs to read and agree to uphold the following guidelines:**

1. These medicines have the prescription labels *on the medication* containers (not on the box.)
2. I have made sure that my student knows that these emergency medicines are for his/her use only and not to be shared with other students.
3. This permission is given for the **2018-19** school year.
4. In the event of a field trip or retreat, the parent and student must notify the teacher or sponsor that the student is carrying emergency medication.
5. I have instructed my student regarding correct usage of medication.

Signed \_\_\_\_\_ date \_\_\_\_\_

*Parent's/guardian's signature*

Signed \_\_\_\_\_ date \_\_\_\_\_

*Parent's/guardian's signature (optional)*

**The student needs to read and agree to uphold the following guidelines:**

1. I understand that I am allowed to carry my emergency medicines while at school or school functions.
2. I will make sure my medicines have the prescription labels on them while I am carrying them.
3. I understand that these medicines are prescribed by my doctor specifically for my needs and are not to be shared with any other student.
4. In the event of a field trip, retreat, or other special scheduled activity, I must notify my teacher or class sponsor that I am carrying emergency medication.
5. I understand the correct usage of this medication.

Signed \_\_\_\_\_ date \_\_\_\_\_

*Student's name*