

**SALEM HIGH SCHOOL  
MEDICATION PERMISSION REQUEST**

**STUDENT SELF-ADMINISTRATION FOR EPI PENS/INHALERS/DIABETIC MEDICATIONS**

**NOTE TO PARENT/GUARDIAN:** The Salem City School District requires that all students who need epi-pens, inhalers, or diabetic medications:

1. Present a written consent form signed by parent/guardian
2. Bring the medication properly labeled to the School Nurse with this form.
3. Have your physician complete the lower section of this form or provide other written medical documentation.

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**TO BE COMPLETED BY PARENT/GUARDIAN**

I, \_\_\_\_\_, give permission for my child to self-administer the medication as directed.

Student: \_\_\_\_\_ Grade: \_\_\_\_\_  
Medication: \_\_\_\_\_

I hereby release Salem City Board of Education and employees of any liability as a result of any injury/illness arising from the self-administration of this medication.

Signature of Parent/Guardian: \_\_\_\_\_  
Date: \_\_\_\_\_ Phone (Daytime): \_\_\_\_\_

**TO BE COMPLETED BY STUDENT**

I agree to properly take the prescribed medication as directed by my physician. I also agree not to give, sell, or share it with any other person.

Student  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**TO BE COMPLETED BY PHYSICIAN**

Diagnosis: \_\_\_\_\_ Medication: \_\_\_\_\_  
Precautions: \_\_\_\_\_

\_\_\_\_\_ has been instructed and has demonstrated the proper procedures to self medicate.

Printed Name of  
Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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