

**STUDENTS WHO ARE AUTHORIZED TO SELF CARRY MEDICATION**  
**(epinephrine, inhalers, diabetic supplies, and pancreatic enzymes)**

My child is required to self-carry this medication during the school day. I understand that this means my child will be self-administering this medication and the school staff is not responsible for monitoring the administration. I understand that I am responsible for ensuring that my child has this medication during the school day, including when the student is away from school property on official school business. I will ensure that the medication my child carries is properly labeled and not expired.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

I understand that I am to self-carry my medication and to determine when I need to use the medication. I will not allow any other student to use my medication. I will notify an adult of any symptoms I experience during the school day.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student