PERMISSION TO CARRY INSULIN ON PERSON AT SCHOOL AND BUS

I request that my child (name)__________________________, grade______________, be allowed to carry his/her own insulin and self-administer as needed.

________________________________________________________________________

(Parent/Guardian Signature)

I advise that__________________________be allowed to carry and use his/her insulin as prescribed during the school day.__________________________has been instructed in its proper use and any possible side effects.

Name of Medication______________________________________________

Purpose of Giving Medication________________________________________

Amount to be Given at School________________________________________

Time of Day to be Administered________________________________________

Starting Date_______________________________________________________

Any Side Effects_____________________________________________________

________________________________________________________________________

(Physician Signature)

This permission will be reevaluated anytime there are major changes in the child’s condition or treatment plan or anytime the child misuses the medication or show lack of responsibility in handling the medication.

Student__________________________Principal_________________________

Parent__________________________Nurse_________________________

Date________________________________________

Revised 4/2019