

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 _____