

GUNNISON WATERSHED SCHOOL DISTRICT
Permission to Carry Medication
Epi-Pen and/or albuterol inhaler
(Limited to Middle School and High School Students Only)

_____ has been instructed in the proper use of
(Student's Name)

We, _____ and _____
(Physician) (Parent/Guardian)

Request that the above named student be permitted to carry the above mentioned medications on his/her person and to keep those medications in his/her backpack, locker, and/or PE locker. We consider the student to be responsible and he/she has been instructed in the purpose and the appropriate method and frequency of use.

My child understands the risks of carrying this medication/device and will not allow another student to use the above medication/device.

The parent/guardian absolves the school of any responsibility in safeguarding our student's medication. If the student demonstrates irresponsible behavior with this medication, this permission can be revoked by the principal.

(Physician name)

(Fax #)

(Physician signature)

(Date)

(Parent/Guardian signature)

(Date)

NOTE: This form must be completed in addition to the district form for prescription medication.