Waldorf School of Pittsburgh

Rescue Medication Access Permission Form

These medications are designated as **R**escue **M**edication: ***Albuterol, Glucagon or sugar tablets*, or *epinephrine injection pen.*** These medications may be carried by a student and self-administered if the criteria listed below are met:

1. The student's parent/guardian submits a completed medication permission form for the current school year.
2. The student's parent/guardian provides a copy of a current prescription for the rescue medication.
3. The rescue medication is contained in the **original container and appropriately labeled.**
4. The student and the parent/guardian agree that the student is fully capable of identifying when rescue medication is required and uses that medication appropriately.
5. Furthermore, the student agrees that:
    a. Under **NO** circumstances will he/she **SHARE** the rescue medication.
    b. He/She will use the rescue medication only as prescribed.
    c. He/she will **notify** the school nurse practitioner or other designee if any of the rescue medication has been self-administered.
6. The parent/guardian agrees to accept full liability for injuries secondary to inappropriate use of these medications by the student.
7. The parent/guardian agrees to notify the school immediately of any medication changes.
8. The parent/guardian understands that the Board of Education has the right to deny and/or revoke this privilege if the student fails to demonstrate that he/she is responsible and mature enough to carry and/or use their medication.

Student Name	**School**	**Grade**
	Waldorf School of Pittsburgh	

Condition for which rescue medication is required: _____

Specific Medication and Dose: _____

I, _____, the parent/guardian, understand and agree to the conditions stated above.

I, _____, the parent/guardian, understand and agree to the conditions above and

give permission for _____ to carry the stated rescue medication on his/her person.

_____ Date ___/___/___ _____ Date ___/___/___

Student Signature **Parent/Guardian Signature**

Please note that information about self-administration and approval to carry any rescue medications by students will be shared with the administrator and classroom teachers to prevent any conflicts over student use of rescue medications.

Updated 6/29/2010