



**Rescue Medication Access Permission Form**

These medications are designated as **Rescue Medication: 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.

<b>Student Name</b>	<b>School</b> Waldorf School of Pittsburgh	<b>Grade</b>
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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 \_\_\_/\_\_\_/\_\_\_  
**Student Signature**

\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
**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.**