



**Authorization for Student to Carry Emergency  
Medication and/or Medical Technology/Equipment**

\_\_\_\_\_, a student at \_\_\_\_\_ School,  
needs to carry emergency prescription medication and/or medical technology/equipment with him/her, as listed below. The  
above-named student has been instructed on the proper use of the medication and equipment and fully understands how to  
administer this medication and/or perform procedure(s) as ordered by the physician.

Please check one:

**Is the student capable of administering the medication and/or performing the procedure independently?**

\_\_\_\_\_ Yes    \_\_\_\_\_ No

Comments \_\_\_\_\_

Name of Medication	Dosage and Directions
Medical Technology/Equipment	
Physician's Signature	Date

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I have been instructed on the proper use of my prescription-labeled medication and equipment and fully understand how to administer this medication and/or perform the procedure. I will not allow another student to use my medication and/or technology/equipment under any circumstances. I also understand that should another student use my prescription or technology/equipment, I may be disciplined according to the school discipline procedures, which could result in revoking classroom administering privileges. I also accept the responsibility for checking in with the school nurse or staff designee to keep her/him informed of the use of my medication in case a problem should arise.

Student's signature	Date
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I hereby request that the above-named student, over whom I have legal control, be allowed to carry and use the prescription medication and/or technology/equipment described above, at school. I hereby release the Paulding County School District, its employees, agents, representatives, and all other officials, from any and all claims, actions, suits, losses, costs, expenses and liability in case of accident or any other mishap because of negligence in administering such medication or because of side effects, illness or any other injury which might occur to my child through administering such medication. I accept legal responsibility should the above medication/technology/equipment be lost, given, or taken by a person other than the above-named student. I understand that if this should happen, the student may be disciplined and the privilege of carrying the medication may be revoked.

Parent/Guardian signature	Date
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