



LOWER MERION SCHOOL DISTRICT

Medication Administration Request and Consent Form – LM 28d

**Permission to Carry and
Permission to Carry and Self-Administer Emergency Medication- LM 28d**

Please complete form LM 28c and this form if the student will carry or carry and self-administer an emergency medication. Unsupervised self-administration of emergency medication refers to situations in which students carry their own medication and administer it to themselves during the school day, as ordered by their Licensed Prescriber and as authorized by their parent/guardian and in accordance with LMSD policy 210. See form LM 28c for medication administration by Responsible Personnel.

Name of student: _____ **Date of Birth:** _____
Last First

School: _____ **Grade/HR:** _____

Consent/Permission: Please check one box from the following two options

It is necessary for my child to carry his/her own emergency medication listed in form LM 28c (Epipen®/Epipen Jr®, “rescue type” asthma inhaler, emergency medication for diabetes). My child is competent to carry the medication but is not old enough or competent to self-administer the emergency medication.

If Responsible Personnel through professional judgment and assessment believe that the student is not capable of safely carrying the emergency medication, the parent and Licensed Prescriber will be contacted and alternate arrangements will be made.

OR

It is necessary for my child to carry and self-administer his/her own emergency medication listed in form LM 28C (Epipen®/Epipen Jr®, “rescue type” asthma inhaler, emergency medication for diabetes). My child is competent to carry and self-administer the medication.

If Responsible Personnel through professional judgment and assessment believe that the student is not capable of safely carrying and administering the emergency medication, the parent/guardian and Licensed Prescriber will be contacted and alternate arrangements will be made.

I relieve the Lower Merion School District and its school employees of any responsibility for the benefits or consequences of the prescribed medication and acknowledge that the district bears no responsibility for ensuring that the prescribed medication is taken. The student must notify Responsible Personnel after each use of emergency medication and sign his/her medication sheet in the presence of Responsible Personnel following each use.

Print name of parent/guardian

Signature of parent/guardian

Daytime phone number

Date

Name of student: _____ Date of Birth: _____
Last First

School: _____ Grade/HR: _____

To be completed by Licensed Prescriber

Name of Emergency Medication: _____

Consent to Carry Emergency Medication: **Please check one box from the following two options**

Permission for student to carry (not self-administer) emergency medication

It is necessary for the student named above to carry the prescribed emergency medication (see form LM 28c). The student is capable of carrying the emergency medication.

If Responsible Personnel in the student's school, through professional judgment and assessment believe that the student is not capable of safely carrying the emergency medication, the parent/guardian and Licensed Prescriber will be contacted and alternate arrangements will be made.

OR

Permission for student to carry AND self-administer emergency medication

It is necessary for the student named above to carry and self-administer the prescribed emergency medication (see form LM 28c). The student is capable of carrying and self-administering the emergency medication.

If Responsible Personnel in the student's school, through professional judgment and assessment believe that the student is not capable of safely carrying the emergency medication, the parent/guardian and Licensed Prescriber will be contacted and alternate arrangements will be made.

Printed name of Licensed Prescriber

Phone Number

Signature of Licensed Prescriber

Date