

**PARENT-STUDENT AGREEMENT TO CARRY MEDICATION**  
**IMMANUEL LUTHERAN SCHOOL**

1310 N Frolic Ave  
Waukegan, IL 60085

*This form must be signed after the AUTHORIZATION FOR THE SELF-ADMINISTRATION OF MEDICATION Physician Prescription/parent permission form is completed.*

I, \_\_\_\_\_, give permission for my child \_\_\_\_\_.

*Parent/Guardian (Print)*

*Child's Name (Print)*

to carry the medication described below. I understand that he/she must follow the rules listed below. I will be responsible to notify the school of changes in my child's medication and provide the proper documentation from the physician.

	<b><i>Name of Medication</i></b>	<b><i>Dose</i></b>	<b><i>Frequency of Use</i></b>
1.	_____	_____	_____
2.	_____	_____	_____

**Parent/Guardian Signature:** \_\_\_\_\_

I, \_\_\_\_\_ student at *Immanuel Lutheran School* **agree** to the following:

*Child's Name (Print)*

1. I have demonstrated the correct use of the inhaler and/or Epi-Pen to my physician and my school nurse.
2. I agree to never share the inhaler and/or Epi-Pen with another person.
3. I agree that after using the Epi-Pen, I will notify a teacher or other responsible adult who will seek further medical intervention by contacting the school nurse and/or calling 911.
4. I agree that if there is not a marked improvement after using my inhaler as directed, I will notify a teacher or other responsible adult who will seek further medical intervention by contacting the school nurse and/or call 911.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_