



Self-Carry Permission Form

*It is the policy of Heartland to prohibit students from possessing and using prescription or over-the-counter medications on the property while unsupervised. However, because of a serious medical condition, a student may need to carry an **emergency inhaler** or **epinephrine injection**. If the health care provider feels that your child must carry and self-administer their medication, please have the health care provider sign this form. Parent/guardian must also sign below and return to the Health Office via email at healthoffice@heartlandretreat.com or fax to 740-747-0200.*

Please Note: By law, if your child is going to self-carry their **epinephrine injections** they must also have at least one epinephrine injector on file in the Health Office. In the event only one injector is sent, it will be kept on file in the Health Office.

PARENT/LEGAL GUARDIAN AUTHORIZATION— I hereby give permission for my child to self-carry the below prescribed medication.

Parent/Legal Guardian Signature: _____

Name Printed: _____ Date: _____

Phone: _____

HEALTH CARE PROVIDER AUTHORIZATION

Student Name: _____ Date of Birth: _____

School Name: _____

Allergies: _____

Medication Name: _____ Route: _____

Reason for Administration: _____

Dose (Must specify in mg / amount of puffs): _____

Time/ Frequency: _____

Directions: _____

Date of Discontinuation: _____

Health Care Provider Signature: (no stamps) _____

Name Printed: _____ Date: _____

Phone: _____

Updated 4/2020