

**The Catholic Diocese of Wichita**  
**Guideline 317-U**  
**SELF-ADMINISTRATION OF EMERGENCY MEDICATIONS**

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

**PARENT REQUEST**

The above-named student has been instructed in the proper use of:

\_\_\_\_\_  
*(name of medication – inhaler or EpiPen)*

I have completed the Catholic Diocese of Wichita Administration of Medication at School form (317-T) and it has been given to the administrator/school office attendant prior to use in school.

I request that my child carry the inhaler/EpiPen on his/her person or keep it in his/her locker, purse or book bag, as I consider him/her responsible. The student has been instructed and understands the purpose, appropriate method, and frequency of use of the inhaler/EpiPen.

I absolve the school of any responsibility in safeguarding the student's inhaler/EpiPen.

\_\_\_\_\_  
*signature of parent or guardian*

**STUDENT AGREEMENT**

I understand the responsibility of using the \_\_\_\_\_ (inhaler or EpiPen) during school. If I need to use the inhaler or EpiPen, I will tell my teacher, coach, school nurse, or health service provider that I have used the inhaler/EpiPen and administered it to myself properly. I understand that no other student is to have access to this medication.

\_\_\_\_\_  
*signature of student*

**\*\*\*Note:**

It is strongly advised that each student leave an extra inhaler/EpiPen in the office/Health Room in the event of a misplaced inhaler/EpiPen. Each inhaler or EpiPen should be labeled with the student's name.

Received \_\_\_\_\_  
*date* *signature of administrator/nurse*