



# OHIO MINISTRY NETWORK

## SELF-CARRY PERMISSION

*It is the policy of the Ohio Ministry Network and Heartland Conference Retreat Center 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.*

**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: \_\_\_\_\_

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: \_\_\_\_\_