

School Year 2024-25

PERMISSION TO CARRY INSULIN ON PERSON AT SCHOOL AND BUS

I request that my child (name)	, grade	, be
allowed to carry his/her own insulin and self-administer as new	eded.	

(Parent/Guardian Signature)

I advise that	be allowed to carry and use his/her insulin as
prescribed during the school day.	has been instructed in
its proper use and any possible side effects.	

(Physician Signature)

This permission will be reevaluated anytime there are major changes in the child's condition or treatment plan or anytime the child misuses the medication or show lack of responsibility in handling the medication.

Student	Principal
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Parent	_Nurse
Date	_