

**Fulton County School System
Student Health Services**

**Authorization for Students to Carry a Prescription Inhaler, EpiPen, Insulin or other
Approved Medication**

Policy & Procedure

Fulton County Schools and Senate Bill 472 permits students to carry asthma inhalers and other prescribed medications with the consent of the students' physician and parent/guardian. Written approval from the parent and physician must be obtained and an **Authorization for Students to Carry a Prescription Inhaler, EpiPen, Insulin or other Approved Medication*** form must be completed in order for the school to comply.

The written approval form shall include the following:

- Physician and parent/guardian signed written authorization
- Student's name and signature
- The name and purpose of the medication
- The prescribed dosage and time(s) at which medication is to be administered
- Other pertinent written instructions that outline special circumstances, and procedures for school personnel to follow in the event of an emergency; as well as
- Signed written authorization by the parent or legal guardian for the school to seek emergency medical treatment for the student when deemed necessary and appropriate

***Other Approved Medication shall be defined as prescribed medication used for emergency purposes and/or prescribed medication approved by Student Health Services in collaboration with the student's health care provider.**

**See Authorization For Students To Carry A Prescription Inhaler, EpiPen, Insulin, Or
Other Approved Medication Form**

Fulton County School staff shall incur no liability for any injury to a student caused by his or her self-administration of medication, except a claim based on willful or wanton misconduct.

Authorization for self-administration of medications under this policy shall be effective only for the school year in which such authorization is granted, subsequent authorization may be granted in any school year in accordance with this policy.