



Christian Liberty Academy

502 W. Euclid Avenue, Arlington Heights, Illinois 60004
(847) 259-4444 FAX (847) 259-9972



PERMISSION TO CARRY MEDICATIONS / MEDICAL DEVICES

_____ has been instructed in the proper use of
STUDENT NAME (PLEASE PRINT)

NAME OF MEDICATION TO BE CARRIED (Inhaler / Glucometer / Epi-pen, etc.)

We, as Physician and Parent/Legal Guardian, of the above student, request that the above-named student be permitted to carry the medication/medical device on his/her person or keep the medication in his/her backpack and/or locker. We consider the student to be responsible and he/she has been instructed in the purpose appropriate method, and frequency of use of the above medication/medical device. My child understands the risks of carrying this medication/device and will not allow another student to use the above medication/device.

We absolve Christian Liberty Academy of any responsibility in safeguarding our child's medication/medical device. If our child demonstrates irresponsible behavior with this medication or device, we understand permission to carry it will be revoked by the nurse and/or school principal.

HEALTH CARE PROVIDER'S SIGNATURE:

Signature of Health Care Provider with Prescriptive Authority

License Number of Health Care Provider

Printed Name of Health Care Provider

Phone Number

Dated: _____

PARENT/LEGAL GUARDIAN SIGNATURE:

Parent/Guardian Signature

Dated: _____

Student Signature

Dated: _____