



L'Ecole Française du Maine

Special Approval for Self-Administration of EpiPen or Inhalers

Special Approval will not be granted for controlled substances.

Name of Student:

Grade:

School Year: 2021-2022

Parent/Guardian Permission

I have read the Policy for Use of Medications at L'Ecole Française du Maine and I request that my child be permitted to carry and self-administer the medication(s) _____ listed above for the following reasons _____.

I confirm that my child has the knowledge and skill to carry and use the medication listed above. I understand that there may be increased risks associated with my child taking a medication without adult supervision and I release L'Ecole Française du Maine and its employees from any and all liability associated therewith.

Parents/Guardian

Date _____

Doctor/Health Care Provider Permission

I prescribed the medications listed on this form and I authorize _____ to
Name of student

carry and self-administer _____

Name of medication

This student has the knowledge and skill to carry and use the medication listed above.

Doctor/Health Care Provider

Date _____

L'Ecole Française du Maine Director

Date _____

Conditions of Approval:

L'Ecole Française du Maine retains sole discretion to approve or deny a request for Special Approval and reserves the right to rescind Special Approval if there is any violation of the Medications Policy or the conditions of Special Approval.