

**MSAD #52 HEALTH CARE PROVIDER PERMISSION FORM FOR
A STUDENT TO CARRY EMERGENCY MEDICATION**

(A MSAD #52 REQUEST FOR ADMINISTRATION OF MEDICATION IN SCHOOL MUST ALSO BE SIGNED BY THE STUDENT'S PARENT/GUARDIAN FOR THIS EMERGENCY MEDICATION)

Student's Name _____

Name of Emergency Medication _____

The undersigned health care provider of the above named student requests that this student be allowed to carry his/her emergency medication on his/her person at all times when being transported to and from school, when at school, or when involved in school activities. This student has the knowledge and skills to safely possess and use this medication.

(Date)

(Health Care Provider's Signature)