

Enter School Name Here
Enter School Address Here
City, State, Zip
Nurse Phone:
Nurse Fax:

**HIPAA/FERPA Waiver Form
For Rapid Emergency Identification of Student Medication**

The modern school nurses office is expected to store and hold at-ready a great deal of medication for both scheduled and emergency usage. In order to facilitate rapid and accurate administration of medicines we request your permission to take steps that are not anticipated by HPPA/FERPA privacy regulations.

I authorize the school nurse to utilize photographs of my child and information about their medical condition, medication and dosage and emergency contact information to create conspicuous labeling for medications including but not limited to pills, liquids, auto-injectors and inhalers and to store photo-labeled medications in “window” cabinets in the nurse’s office that allow nurses, school staff and substitute nurses to rapidly identify my child’s exact medication. I understand that the medication is conspicuously stored in the nurse’s office and in field trip bags/fanny packs – not in public areas of the school. However, this information may be seen by students and staff when they are visiting the nurse’s office.

I authorize school nurses, staff or good Samaritans to use my child’s epinephrine auto-injectors or inhalers to save the life of another child/person in an emergency situation. (Of course, if used, it would be immediately replaced without expense to the true owner).

I authorize the school to create an “allergy/asthma parents” directory and to provide my contact information to other concerned parents that may be going through the same challenges.

Student Name: _____

Parent Name: _____

Parent Signature: _____ Date: _____

For Allergy/Asthma Parents Directory:

Contact Phone: _____ Contact E-Mail: _____

Sample Label



Name:

Rosemary Wilson

Grade/Teacher:

2nd Grade – Miss Davis

Allergy/Condition:

Severe
Tree Nuts

Device/Expiration

EpiPen Jr. 08/01/14

Window Cabinet



Field Trip Bag

