PERMISSION TO CARRY EpiPen® ON PERSON AT SCHOOL AND BUS

I request that my child (name)___________________________, grade______________, be
allowed to carry his/her own EpiPen® and self-administer as needed.

________________________________________
(Parent/Guardian Signature)

I advise that____________________________________be allowed to carry and use his/her EpiPen® as
necessary during the school day. ________________________________has been instructed in
its proper use and any possible side effects.

Name of Medication_____________________________________
Purpose of Giving Medication_________________________________
Amount to be Given at School_____________________________________
Starting Date ________________________________________________
Any Side Effects ________________________________________________

________________________________________
(Physician Signature)

In order for a student to have access to an EpiPen® at all times, it is strongly urged that one be
kept in the school medicine cabinet as a back-up to the one carried by the student. It will be used
if the student should come to school without an EpiPen®, or if the one carried malfunctions.

This permission will be reevaluated anytime there are major changes in the child’s condition or
treatment plan or anytime the child misuses the medication or show lack of responsibility in
handling the medication.

Student_________________________________________Principal __________________________
Parent_________________________________________Nurse __________________________
Date ________________________________

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