



School Year 2019-20

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 \_\_\_\_\_