

**Owatonna Public Schools**  
**Physician Authorization for**  
**Self-Carry of Epinephrine Pen**  
**(to be renewed annually)**

**Student:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent(s)/Guardian:** \_\_\_\_\_

**Physician's Order**

**Name of Medication:** \_\_\_\_\_

**Method of Administration:** \_\_\_\_\_

**Dose of Medication:** \_\_\_\_\_

**Time of Day to be Given in School:** \_\_\_\_\_

**Diagnosis and Medical Reason for Medication:** \_\_\_\_\_

I understand the student, my patient, will carry this medication at school. I also understand this student, my patient, will be entirely responsible for the medication and the medication will not be monitored by school personnel.

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Clinic Name:** \_\_\_\_\_ **Physician Telephone #:** \_\_\_\_\_

**Clinic Address:** \_\_\_\_\_ **Clinic Fax #:** \_\_\_\_\_

**Owatonna Public School's Fax: #'s**

<b>Lincoln Elementary:</b>	<b>(507)444 - 8199</b>	<b>Owatonna Middle School:</b>	<b>(507)444 - 8799</b>
<b>McKinley Elementary:</b>	<b>(507)444 - 8299</b>	<b>Owatonna High School:</b>	<b>(507)444 - 8999</b>
<b>Washington Elementary:</b>	<b>(507)444 - 8399</b>	<b>Owatonna ALC:</b>	<b>(507)444 - 8099</b>
<b>Wilson Elementary:</b>	<b>(507)444 - 8499</b>		

**Parent/Guardian Authorization for Self-Carry of Epinephrine Pen**

1. I authorize my child to self-carry the above named medication during school hours as prescribed by the physician.
2. I understand my child will carry this medication at school.
3. I also understand my child is entirely responsible for the medication and school personnel will not monitor the medication.
4. I give permission for the school health service office to consult with the above named student's physician regarding any questions that arise with regard to the listed medication or medical condition being treated by this medication.
5. I give permission for the school health service office to communicate with school staff about the action and side effects of this medication, as well as the medical condition related to the use of the medication on a need to know basis.
6. I release all school personnel and I.S.D. #761 from any and all liability in the event of any adverse reaction from the use or administration of this medication. I hold all school personnel and I.S.D. #761 harmless from any liability resulting from allowing my child to self-carry this medication during school hours.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)