Spring Branch Independent School District

HEALTH SERVICES

Physician's Statement for Student Held EpiPen

Student's Name _____ Date of Birth _____

School _____ Grade _____

It is necessary that the following medication be administered during school hours as specified in order to maintain this child's physical health and support school performance. I agree to the terms of the contract listed below:

NAME OF MEDICATION _____ **DOSAGE** _____

TIME _____ **FREQUENCY OF USE** _____

Condition for which medication is prescribed _____

Medication may cause _____

Emergency Instructions _____

_____ _____

Licensed Health Care Provider's Name (Please Print) Signature Licensed Health Care Provider

_____ _____

Address Telephone Date

Contract for Special Use – EpiPen

The student listed above may carry his/her epi-pen according to the physician/parent statements if he/she is in compliance with the conditions listed below:

- The student has demonstrated to the nurse/nurse assistant the correct use of the epi-pen
- The student agrees to never share the epi-pen with another person
- The student agrees that after taking the initial dose prescribed, he/she will go immediately to the health room or have the nurse called to his/her location. EMS will be activated as deemed necessary by the health services staff.
- The student agrees to keep scheduled monthly appointments with the nurse/nurse assistant to review status

_____ _____

Signature of Student Date

I hereby grant permission for my child to carry the EpiPen described above. I understand that he/she must follow the rules listed and I will notify the school of changes in my child's medication and/or condition. If necessary, I also grant permission for the school nurse or other school personnel to administer medication to my child according to the physician's statement above.

_____ _____

Signature of Parent/Guardian Date

Email address _____

Medication must be prescribed by a licensed health care provider and appropriately labeled in the original container by the pharmacy or health care provider.

R: 02/13 (jc)