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## EPINEPHRINE CONSENT FORM

*(STUDENTS WITH IDENTIFIED SYSTEMIC ALLERGIES)*

I authorize trained school personnel to administer my child's epinephrine auto-injector according to the physician's instructions below. I understand that the Epi-pen must be in the original container with the pharmacy's prescription label. If my child is given physician consent to self-carry at school, then I assume responsibility for ensuring that the medication is current and that my child understands the appropriate handling of this medication.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please Note:** To ensure ready access to medications at school, it is recommended that students have 2 sets of medications: One in the classroom/self-carry, and one at the health office.

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### PHYSICIAN ORDER

I give permission for the following medication to be administered as directed to the student named below for the 2021-2022 school year.

**Student Name:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_

**Allergy to:** \_\_\_\_\_

If exposed to named allergy above, administer \_\_\_\_\_, \_\_\_\_\_ tsp by  
(Medication/concentration)  
mouth and call the child's parents.

If he/she develops any of the following symptoms, please administer Epinephrine: \_\_\_ Epi-pen Jr  
\_\_\_ Epi-pen (adult) and call 911.

**List of Symptoms:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERMISSION TO SELF-CARRY:**

\_\_\_ Yes, I have instructed this student in the proper way to use his/her medication. It is my opinion that he or she should be allowed to carry and self-administer this medication at school or at any school sponsored field trips.

\_\_\_ No, it is my opinion that this student should not carry and self-administer this medication at school or any school sponsored field trips.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date