



**Permission to Carry Epi-Pen  
Grades 7-12**

**Option #1**

The student comes to the clinic where the Epi-Pen is kept, and uses it under supervision. The advantage is that the medication will be used correctly, in the proper amount, and records will be kept. All medications brought to school must be in their original container, with a signed parental permission note giving the child's name, medication, dose and time for medication to be given.

**Option #2**

Qualified students will be allowed to carry their Epi-Pens with permission from their physician and parent. The advantage is that it is immediately accessible. A spare Epi-Pen, if provided by the parent, will be kept for them in the clinic should they forget theirs.

**CONTRACT BETWEEN STUDENT, PARENT, NURSE AND DOCTOR  
FOR STUDENT PERMISSION TO CARRY EPI-PEN.**

1. Student has demonstrated to the nurse correct use of Epi-Pen Trainer.
2. Student agrees to never allow another student to have use of their Epi-Pen.
3. Student agrees that if administered, he/she will be transported to the ER via ambulance.

Student Signature \_\_\_\_\_

Nurse's Signature \_\_\_\_\_

I give permission for my child \_\_\_\_\_ to carry the medication described below. I understand that he/she must follow the rules listed above. I will notify the school of changes in medication or my child's condition.

<b>NAME OF MEDICATION</b>	<b>DOSE</b>	<b>FREQUENCY OF USE</b>

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's printed name \_\_\_\_\_

If any changes occur during the year, please school nurse.