

# Magnolia Independent School District

## Consent for Self-Administration of Epinephrine

### To be completed by parent or guardian:

Student's Name \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

### Emergency Contacts:

Name: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Name: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Name: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

### To be completed by Physician:

Physician's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Prescribed Epinephrine and dosage: \_\_\_\_\_

Reason for Epinephrine/description of condition: \_\_\_\_\_

How/when Epinephrine should be used at school: \_\_\_\_\_

\_\_\_\_\_ has allergic reaction or another condition that is treated with the above named medication. The student has been instructed in the proper use of the medicine. The student is capable of self-administration either at school or at any school-related event or activity. Any change to the above medicine, dosage or recommended regimen will be accompanied by an updated version of this consent form.

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

\_\_\_\_\_  
Date

### To be completed by parent or guardian:

I give permission for \_\_\_\_\_ to carry and self-administer the above named medication while at school or any school related event or activity. I release the school district and its employees from liability for an injury arising from the carrying or self-administered use of the above named medication while on school property or any school related event or activity. I agree to indemnify the school district and its employees from any claim arising from the self-administered use of the above named medicine while on school property or any school related event or activity. I understand that any intentional misuse of the above named medicine could cause harm to another person will result in disciplinary action.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

### To be completed by student:

I have been instructed in the proper use of my Epinephrine. I am capable of self-administering. I agree to use my Epinephrine in the proper manner. I will not use my medicine except for its intended purpose. I understand that my intentional misuse of the above named medicine could cause harm to another person and will result in disciplinary action.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date