



CENTRAL DAUPHIN SCHOOL DISTRICT

600 Rutherford Road, Harrisburg, PA 17109

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www.cdschools.org

Permission to Carry Epinephrine Delivery System

Dear Parent/Guardians:

We are concerned about the safety and well-being of the students who have been identified as having food allergies. It is important that they have access to the medication necessary for controlling the symptoms of an allergic reaction as quickly as possible. Please indicate below how you would like the administration of "EpiPens" handled at school. The nurse will review the rules as well as complete a competency checklist with the student. If your child will be carrying the "EpiPen" for sports activities the Trainer will review the Student Rules on EpiPen Use.

Name of Student: _____

Building: _____

DOB: _____

Grade: _____

Physician Permission:

Name of Medication: _____

Yes No Student has been instructed on self-administration on above mentioned medication.

Yes No Student has my permission to carry and self-administer above mentioned medication as needed for symptoms of

Physician's Signature: _____ Date: _____

Parent Permission:

Yes No After the School Nurse has verified proper technique and signed below, my child may carry his/her own "EpiPen" and will be responsible for having it with him/her at all times.

Yes No My child's "EpiPen" should be kept in the nurse's office and may have a pass stating that he/she is permitted to come to the nurse's office whenever necessary.

Yes No I understand that failure of my child to appropriately use his/her "EpiPen" will result in the loss of privilege to carry his/her "EpiPen".

Parent Signature: _____ Date: _____

Nurse's Signature: _____ Date: _____