MILWAUKEE PUBLIC SCHOOLS

Release Form for Self-Carry Epinephrine Auto-Injector

Date: _____

Student's Name:	ID#:	Date of Birth:
_____	_____	_____
School:		Grade:
_____		_____

The following student has been prescribed the following epinephrine auto-injector:

☐ EpiPen® .3 mg/.3ml	☐ Twinject® .3mg/.3ml	☐ Auvi-Q 0.3mg
☐ EpiPen Jr.® .15 mg/.15ml	☐ Twinject® .15mg/.3ml	☐ Auvi-Q .15mg

We request that the student named above be allowed to self-carry the epinephrine auto-injector.

The student has been instructed and understands the purpose and appropriate method of use of the epinephrine auto-injector. Milwaukee Public Schools personnel will immediately call emergency medical services/911 and parent/guardian, when they learn of the student's self-administration of the medication.

We, the undersigned healthcare provider and parent/guardian absolve the Milwaukee Public Schools District and its employees, agents, and officers of any responsibility for harm that may occur with self-administration of the epinephrine medication.

Healthcare Provider Name	Health Care Provider Signature
Parent/Guardian Name	Parent/Guardian Signature
Nurse Name	Nurse Signature
Principal Name	Principal Signature

Statute: Wis. Stat. Sec. 118.292