



Central Dauphin School District
Student Health Services

Permission to Carry Epinephrine Delivery System

Dear Parent/Guardian:

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 epinephrine (EpiPen or Auvi-Q) handled at school. If your child will be carrying the epinephrine device for sports activities the Athletic Trainer will review the student rules on EpiPen use with them.

Name of Student: _____

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 an anaphylactic allergic reaction

Physician's Signature: _____ Date: _____

Parent Permission:

___ Yes ___ No After the School Nurse has verified proper technique and signed below, my child may carry their own EpiPen/Auvi-Q and will be responsible for always having it with them.

___ Yes ___ No My child's EpiPen/Auvi-Q should be kept in the nurse's office.

I understand that failure of my child to appropriately use their EpiPen/Auvi-Q will result in the loss of privilege to carry it.

Parent Signature: _____ Date: _____

Nurse's Signature: _____ Date: _____