

PERMISSION TO CARRY EpiPen® ON PERSON AT SCHOOL AND BUS

I request that my child (Name) _____, (Grade) _____, be allowed to carry his/her own EpiPen® and self-administer as needed.

(Parent/Guardian Signature)

I advise that _____ be allowed to carry and use his/her EpiPen® as necessary during the school day. _____ has been instructed in its proper use and any possible side effects.

Name of Medication _____

Purpose of Giving Medication _____

Amount to be Given at School _____

Starting Date _____

Any Side Effects _____

(Physician Signature)

To ensure a student has access to an EpiPen® at all times, it is *strongly urged* that one be kept in the school medicine cabinet as a backup to the one the student carries. It will be used if the student comes to school without an EpiPen® or if the one carried malfunctions.

This permission will be reevaluated whenever there are major changes in the child's condition or treatment plan, or whenever the child misuses the medication or shows a lack of responsibility in handling it.

Student _____ Principal _____

Parent _____ Nurse _____

Date _____