

PARENTAL AUTHORIZATION AND RELEASE FORM FOR THE SELF-ADMINISTRATION OF EPINEPHRINE VIA EPI-PEN

I authorize my child, _____, to carry an epi-pen auto-injector and to self-administer his/her own epinephrine at school in the event of an emergency following my child's:

- Demonstration of his/her knowledge and understanding of anaphylaxis and correct usage of the epi-pen to the school nurse;
- Agreement never to share the epi-pen with another student; and
- Agreement to obtain or send for assistance from the school nurse or another adult immediately in the event of an allergic reaction and/or use of the epi-pen.

Parent or Guardian Signature Date

The Following to Be Completed by the Student's Physician:

I have prescribed an epi-pen auto-injector in the following dosage _____ to _____ for his/her allergy/allergies to the following (list all applicable allergies): _____

_____.

I have further instructed him/her with respect to:

- The events surrounding the need for epinephrine;
- The consequences of incorrectly administering epinephrine;
- The signs and symptoms of an allergic reaction; and
- The correct usage of an epi-pen.

Doctor's Signature Date

Approved: June 29, 2015