

**PERMISSION FOR SELF-ADMINISTRATION OF EPI-PEN**

ON ANY OCCASION THAT STUDENTS MUST CARRY AN EPI-PEN/ INHALER AT SCHOOL, THIS FORM MUST BE COMPLETED AND SIGNED IN ADVANCE BY THE STUDENT’S PARENT OR GUARDIAN, STUDENT, AND THE PHYSICIAN. THE FORM MUST BE ON FILE IN THE SCHOOL OFFICE AND THE EPI-PEN MUST BE FURNISHED BY THE PARENT/GUARDIAN.

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REQUEST TO SELF-ADMINISTER AND/OR CARRY EPI-PEN AT SCHOOL

STUDENT’S NAME \_\_\_\_\_

MEDICATION \_\_\_\_\_

REASON FOR MEDICATION \_\_\_\_\_

DOSE \_\_\_\_\_ TIME(S) TO BE GIVEN \_\_\_\_\_

I HEREBY REQUEST THAT \_\_\_\_\_ BE ALLOWED TO CARRY AND SELF ADMINISTER HIS/HER EPI-PEN / INHALER AS PRESCRIBED BY OUR MEDICAL DOCTOR

PLEASE REQUEST THAT THE PHARAMCIST PLACE AN APPROPRIATE LABEL ON THE EPI-PEN / INHALER SO THAT IT IS EASILY IDENTIFIED

**I REALIZE THE PRIVILEGE OF SELF-ADMINISTRATION MAY BE REVOKED AT ANY TIME IF MY STUDENT IS NOT HANDLING THE MEDICATION SAFELY. I ACKNOWLEDGE THAT THE SCHOOL INCURS NO LIABILITY FOR ANY INJURY RESULTING FROM THE SELF ADMINISTRATION OF MEDICATION TO INDEMNIFY AND HOLD THE SCHOOL, AND ITS EMPLOYEES AND AGENTS, HARMLESS AGAINST ANY CLAIMS RELATING TO THE SELF ADMINISTRATION OF SUCH MEDICATION**

\_\_\_\_\_  
*signature of parent/guardian*

\_\_\_/\_\_\_/\_\_\_  
*date*

**STUDENTS RESPONSIBILITY:**

- 1. AT ALL TIMES I WILL KEEP THE EPI-PEN/ INHALER IN MY POSSESSION.
- 2. I WILL USE THE EPI-PEN / INHALER ONLY AS PRESCRIBED BY MY DOCTOR.
- 3. I WILL NOT SHARE THIS EPI-PEN/ INHALER WITH OTHERS.

*I REALIZE I CAN LOSE THIS PRIVILEGE IF I MISHANDLE MY EPI-PE/ INHALER.*

\_\_\_\_\_  
*Student’s signature*

\_\_\_/\_\_\_/\_\_\_  
*date*

\_\_\_\_\_  
*Physician’s signature*

\_\_\_/\_\_\_/\_\_\_  
*date*

Office use only: Description: \_\_\_\_\_ Lot# \_\_\_\_\_  
Expiration date: \_\_\_\_\_