

Epi Pen Consent & Release

Student _____

School _____ Grade _____

To be completed by a physician/practitioner:

My patient, _____, has been instructed in the proper use of his/her Epi Pen. The Epi Pen I have prescribed is _____. My patient is authorized to use the Epi Pen as follows: _____. The prescription for the Epi Pen expires _____. This student's well being is in jeopardy unless the Epi Pen is given to him/her. He/she understands the purpose, appropriate method, and frequency of the use of this medication.

Physician/Practitioner: _____

Please Print or Stamp

Address: _____

Phone # _____

Signature: _____ Date: _____

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To Be Completed by Parent/Guardian:

I permit my child to be given the above listed Epi Pen as ordered by his/her physician/practitioner. I understand that my child, not the school, is responsible for the storage, possession, and use of the Epi-Pen. I understand that sharing medication with other students will result in disciplinary action.

Parent/Guardian Signature: _____ Date: _____

Lot #: _____ Expiration Date: _____
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To Be Completed by the Student:

I understand the purpose, appropriate method, and frequency of use of this Epi Pen. I understand that I, not the school, is responsible for the storage, possession, and use of the Epi Pen. I understand that sharing medication with other students is potentially dangerous and will result in disciplinary action.

Student Signature: _____ Date: _____

- **This form must be completed in addition to the routine medication authorization form & the allergic reaction form.**