

EpiPen Consent & Release

Student: _____
School: _____ Grade: _____

To Be Completed by a Physician/Practitioner:

My patient, _____, has been instructed in the proper use of his/her EpiPen. The EpiPen I have prescribed is: _____.
My patient is authorized to use the EpiPen as follows: _____.
The prescription for the EpiPen expires: _____.

This student's well-being is in jeopardy unless the EpiPen 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 EpiPen. 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 EpiPen. I understand that I, not the school, am responsible for the storage, possession, and use of the EpiPen. 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.