

AUTHORIZATION FOR STUDENT TO SELF ADMINISTER EPI-PEN

Student Name: _____ Date of Birth: _____

School: _____ Grade / Room Number: _____

TO BE COMPLETED BY PARENT / GUARDIAN We / I understand and agree that:

- 1. The Epi-pen will be furnished by me.
- 2. The Epi-pen must be labeled with the name of the student and medication.
- 3. My child is to carry his / her Epi-pen at all times while at school and on the bus.
- 4. My child has been trained adequately on the correct use of the Epi-pen.
- 5. My child will notify the nurse each time the Epi-pen is used.

Signature of Parent / Guardian: _____ Date: _____

TO BE COMPLETED BY STUDENT: I understand and agree that:

- 1. I will be responsible for carrying my Epi-pen if authorized by my parent and physician to do so.
- 2. I will NEVER loan my Epi-pen to anyone else or invite anyone to try it.
- 3. If I do so I may face disciplinary action.
- 4. I will demonstrate to the nurse proper technique in using my Epi-pen.
- 5. I will notify the nearest adult when I use my Epi-pen and will ask for immediate emergency assistance.

Signature of Student: _____ Date: _____

TO BE COMPLETED BY SCHOOL NURSE:

This student has demonstrated proper Epi-pen use in my presence. At the secondary level, demonstration will be done at the nurse's discretion after review of health record.

Signature of School Nurse: _____ Date: _____

TO BE COMPLETED BY PHYSICIAN: Student is able to self-administer Epi-Pen ___Yes ___No

Name of Medication: _____

Route and Dosage: _____ Time: _____

Period of Time: _____

Reason for Administration: _____

Possible Side Effects: _____

Signature of Physician: _____ Date: _____

We / I hereby release, discharge and hold harmless the East Penn School District, its agents and employees, from any and all liability and claim whatsoever for the administration of the above medication to our / my child. We / I have read and agree to the above policy.

Signature of Parent / Guardian: _____ Date: _____

District Fax Numbers:

Alburtis	610-966-9619	Macungie	610-966-7583
EHS	610-966-8449	Shoemaker	610-965-2977
Eyer Middle	610-966-9649	Wescosville	610-395-6354
Jefferson	610-966-8349	Willow Lane	484.519.3310
Lincoln	610-965-1569	Student Services	610-965-1628
LMMS	610-398-4385		