## Epi Pen Consent & Release

Student
Student School Grade
To be completed by a physician/practitioner:
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:
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:
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.