Consent for Student to Carry and/or Self-Administer Emergency Medication (EpiPen or Inhaler only)

To Be Completed by Student’s Physician:

Name of Student/Patient ___________________________________ Grade _________

I have prescribed ☐ EpiPen ☐ Inhaler for the patient named above and the patient should carry the equipment on his/her person for emergency situations. I certify the patient has been taught and demonstrates the appropriate technique to self-administer.

Diagnosis/Condition being treated: ________________________________________

Specific Instructions: ______________________________________________________

________________________________________________________________________

Physician’s Printed Name ____________________________________ Physician’s Signature

Date of Order ___________ Expiration _____________ Physician’s Phone _________________________

To Be Completed by Student’s Parent/Guardian:

I give consent for my child to carry and self-administer the medicine indicated by the doctor above during school hours or extra-curricular activities. If administration is necessary, I understand the school nurse must be notified after use. I also understand if any of the above information changes, I will contact the school nurse immediately.

Parent’s Printed Name ____________________________________ Parent’s Signature

Date _____________ Phone ____________________________________________________________