



# York Catholic High School

601 E. Springettsbury Avenue, York, PA 17403  
717.846.8871 ♣ www.yorkcatholic.org

## 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 \_\_\_\_\_