



### SELF-ADMINISTRATION OF EPINEPHRINE

\_\_\_\_\_ (Student's name) has been instructed in the proper use of Epinephrine. He/She will be permitted to keep on his/her possession, as we consider him/her responsible. He/She has been instructed in and understands the purpose, appropriate method and frequency of use of his/her Epinephrine. He/She understands that misuse of the Epinephrine will revoke permission to self-administer and will then require monitoring by the school nurse.

Name and purpose of medication \_\_\_\_\_

Prescribed dosage of the medication \_\_\_\_\_

Time at which, or frequency of circumstances under which the medication may be self-administered \_\_\_\_\_

Time period for which the medication is prescribed \_\_\_\_\_

**PHYSICIAN:**

I have instructed \_\_\_\_\_ (student's name) in the proper way to use his/her medications. It is my professional opinion that this child should be allowed to carry and self-administer his/her Epinephrine while on school property and at school related events.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date:

**PARENT:**

We the undersigned, absolve the school of any responsibility in safeguarding our child's Epinephrine.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date:

**STUDENT:**

I agree to abide by my physician's instructions and understand the guideline set by the school.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date:

This form is to be kept on file by the school nurse.

Date Filed: \_\_\_\_\_