



# Permission to Carry Epi Pen on Campus

## PHYSICIAN SECTION

It is my professional opinion that it is a medical necessity that:

\_\_\_\_\_

Student Name \_\_\_\_\_

Carry his/her Epi Pen during school hours. He/She has been instructed in use and demonstrates an understanding of the purpose and appropriate method.

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Printed Name \_\_\_\_\_ Phone Number \_\_\_\_\_

## PARENT SECTION

We/I request that \_\_\_\_\_ be permitted to carry his/her Epi Pen at all times. We consider him/her knowledgeable and responsible in using it only as prescribed by his/her physician, independently. We/I absolve the school of any responsibility in safeguarding our child's Epi Pen.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## STUDENT SECTION

I \_\_\_\_\_ accept the responsibility of carrying my Epi Pen. I will only use it appropriately as my physician has prescribed. If I need to use it I will report it to a responsible adult so that 911 can be called. I will keep it secure on my person at all times. I will not allow other students to hold, carry, play with, or use it in any way. If it is missing I will report it to administration immediately.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_