

Date: _____

School: _____

_____ has my permission
(student name)

to self-administer Epi-Pen medication, as prescribed, at school when the school nurse is not present.

I take full responsibility for my son's/daughter's self-administration of the Epi-Pen and do not hold the School Board, administrators, school nurse or any District 142 employee responsible for medical difficulties resulting from the self administered Epi-Pen.

I am aware that 911 will be called if an Epi-Pen is administered.

I understand this information will be shared with all staff, including bus drivers, coaches, etc.

Please check one of the following:

- My child, _____, will keep his/her Epi-Pen in the nurse's office.
- My child, _____, will carry his/her Epi-Pen.

Parent/Guardian Signature: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Date: _____

Revised 6/2011