RELEASE TO CARRY EpiPen*

Date ____________________________

________________________________________ has been instructed on the proper use of the
(Child’s Name)

________________________________________ EpiPen*. We, __________________________
(Physician)

and _____________________________________, request that __________________________
(Parent or Guardian) (Child’s Name)

be permitted to carry the EpiPen* on his/her person or to keep same in his/her locker or P.E. locker, as we
consider him/her responsible. He/She has been instructed in and understands the purpose and directions for
use. We, the undersigned, absolve the school of any responsibility in safeguarding our child’s EpiPen*. I
acknowledge that the school incurs no liability for any injury resulting from the self-administration of
medication and agree to indemnify and hold the school, and its employees and agents, harmless against any
claims relating to the self-administration of such medication.

________________________________________  __________________________
Physician’s Signature  Date

Physician must provide a completed treatment plan. Must be updated annually.

________________________________________  __________________________
Parent or Guardian’s Signature  Date

Student: I agree to follow the above requirements and follow the physician’s directions on usage.

________________________________________  __________________________
Student’s Signature  Date

Student demonstrated how to use EpiPen*: Date:__________ Nurse or Designee initial:__________

________________________________________  __________________________
School Nurse’s Signature  Date

*Or generic equivalent