

**Self-Administer Epi Pen Consent & Release**

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_

**To be Completed by a Physician/Practitioner:**

My patient, \_\_\_\_\_, has been instructed in the proper use of his/her Epi Pen. The Epi Pen I have prescribed is \_\_\_\_\_  
\_\_\_\_\_. My patient is authorized to use the Epi Pen as follows:  
\_\_\_\_\_.

The prescription for the Epi Pen expires \_\_\_\_\_. This student's well being is in jeopardy unless the Epi Pen is given to him/her. He/she understands the purpose, appropriate method, and frequency of the use of this medication.

Physician/Practitioner: \_\_\_\_\_  
Please Print or Stamp

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

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

.....  
**To Be Completed by Parent/Guardian:**

I permit my child to be given the above listed Epi Pen as ordered by his/her physician/practitioner. I understand that my child, not the school, is responsible for the storage, possession, and use of the Epi-Pen. **In the event my child cannot administer the Epi-pen to himself/herself, a trained school staff member shall do so on my child's behalf.** I understand that sharing medication with other students will result in disciplinary action.

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

Lot #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
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**To Be Completed by the Student:**

I understand the purpose, appropriate method, and frequency of use of this Epi Pen. I understand that I, not the school, is responsible for the storage, possession, and use of the Epi Pen. **In the event I cannot administer the Epi-pen to myself, a trained school staff member shall do so on my behalf.** I understand that sharing medication with other students is potentially dangerous and will result in disciplinary action.

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

- **This form must be completed in addition to the Consent for Medication Administration form and the anaphylaxis care plan.**