

**NORTHMONT SCHOOL DISTRICT**

**AUTHORIZATION TO CARRY/SELF ADMINISTER EPINEPHRINE (EPI-PEN)**

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

School \_\_\_\_\_ Diagnosis: \_\_\_\_\_

**SELF-ADMINISTRATION OF EPINEPHRINE MEDICATION (EPI-PEN)**

*(To be filled out by physician)*

Medication: \_\_\_\_\_

Prescribed Dosage: \_\_\_\_\_ Known Allergen: \_\_\_\_\_

Time or Circumstances to Administer Medication: \_\_\_\_\_

Start date: \_\_\_\_\_

End date: \_\_\_\_\_

***Physician Please Check one:***

- ☐ I have instructed \_\_\_\_\_ (student's name) in the proper way to use his/her medications. It is my professional opinion that \_\_\_\_\_ (student's name) should be allowed to carry and self-administer his/her \_\_\_\_\_ (name of Epinephrine) EPI-PEN while on school property or at school-related events. **A back up dose of the EPI-PEN is REQUIRED to be located in the clinic.**
- ☐ It is my professional opinion that \_\_\_\_\_ (student's name) should **NOT** be allowed to carry and self-administer any of his/her Epinephrine medications while on school property or at school related events. It should be kept in a designated area (i.e. school clinic) and be accessible to the student.

Physician/Practitioner: \_\_\_\_\_  
Printed Name Signature Date

Office Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

I permit my child access to the above listed Epinephrine as ordered by his/her physician/practitioner. I **understand that if my student is able to self-carry this medication, a backup dose of the EPI-PEN is required to be located in the clinic.** I understand that sharing medication with other students will result in disciplinary action. If the student does not follow the above agreement, the privilege of carrying and self administering his/her medication will be revoked.

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**\*\*This form is valid for one (1) school year\*\***



