NORTHWEST CHRISTIAN SCHOOL

16401 n. 43 RD Avenue

Phoenix, AZ 85053 602-978-5134

CONSENT AND RELEASE FOR STUDENT TO CARRY EPI PEN

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student) has been instructed in the proper purpose and appropriate method and frequency of use of the Epi pen. We (Physician) \_\_\_\_\_\_\_\_\_\_\_\_ and (Parent) \_\_\_\_\_\_\_\_\_\_ request that (Student), \_\_\_\_\_\_\_\_\_\_\_\_\_\_(Age) \_\_\_\_\_ be permitted to carry the epi pen on his/her person. We, the undersigned absolve Northwest Christian School of liability if the medication is lost, stolen or abused in any way by the student.

We further note that:

l. The physician has explained, to the parent(s) and student, the detriments and risks of using an epi pen inappropriately.

2. The above named student understands his/her responsibilities for keeping the epi pen safely on his/her person. The above named student understands the importance of preventing other students from using the epi pen, and that such use could seriously endanger other students. As a parent, I have discussed these issues with my child and I believe he/she understands his/her responsibilities for safe epi pen use.

3. As a parent, understand that as a result of losing his/her epi pen, my child is at risk for an allergic emergency.

4. The child/student, his/her parents and physician understand that the usual policy of Northwest Christian School is to keep all medications locked in the school Nurse's office, for the protection of all students.

5. I understand that the school is not responsible to assist, oversee or supervise my child in the administration of the prescribed medication.

Physician's Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_ Physician's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_ Physician's Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_

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

Last Revised: 8/20