

**Consent for Student
to Carry and/or Self-Administer
Emergency Medication
(EpiPen or Inhaler only)**

To Be Completed by Student's Physician:

Name of Student/Patient _____ Grade _____

I have prescribed ☐ **EpiPen** ☐ **Inhaler**
for the patient named above and the patient should carry the equipment on his/her person for
emergency situations. I certify the patient has been taught and demonstrates the appropriate
technique to self-administer.

Diagnosis/Condition being treated: _____

Specific Instructions: _____

Physician's Printed Name

Physician's Signature

Date of Order _____ Expiration _____ Physician's Phone _____

To Be Completed by Student's Parent/Guardian:

I give consent for my child to carry and self-administer the medicine indicated by the doctor above
during school hours or extra-curricular activities. If administration is necessary, I understand the
school nurse must be notified. I also understand if any of the above information changes, I will
contact the school nurse immediately.

Parent's Printed Name

Parent's Signature

Date _____ Phone _____