GreatHearts®
CLASSICAL EDUCATION. REVOLUTIONARY SCHOOLS.™

SELF-ADMINISTRATION OF EPI-PEN MEDICATION PERMIT FORM

A student **may** carry and self-administer Epi-pen with the **written permission of the physician** who prescribed the medication. If at any time, it is determined that the student is **not** using the medication properly, this privilege will be taken away.

Your child's physician has requested that your child carry his/her Epi-pen at all times. A spare Epi-pen **must** be kept in the clinic in case theirs is forgotten.

Please sign the following contract to carry Epi-pen:

I hereby give permission for _____

(Name of student)

to carry and self-administer the following medications:

Name of Medication	Dose	Frequency
_____	_____	_____
_____	_____	_____

I have observed this student self-administering this medication and consider it to be safe and appropriate technique. This student has a good understanding of his/her condition and is able to determine when medication is needed. Student agrees to never share medication with another person. Student agrees that he/she will inform the teacher and go to see the nurse immediately.

Date: _____Physician: _____

Date: _____Parent/Legal Guardian: _____

Date: _____Student: _____

Date:_____ Nurse:_____