



SELF-ADMINISTRATION/SELF-CARRY OF EPI-PEN MEDICATION PERMIT FORM

During an athletic season or other extra-curricular program that includes off campus activities, student participants are required to self-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.

At the conclusion of the season or program, the Epi-pen will return to in-clinic storage status.

Your athlete/participant's physician has given permission that your athlete may self-carry his/her Epi-pen at all times during the season or extra-curricular program of an athletic sport or other extra-curricular that includes off campus activities.

Please sign the following contract to allow your athlete to self- carry their Epi-pen:

I hereby give permission for _____

(Name of Athlete)

to carry and self-administer the following medications:

Name of Medication	Dose	Frequency
_____	_____	_____
_____	_____	_____

I have observed this athlete self-administering this medication and consider it to be safe and appropriate technique. This athlete/participant has a good understanding of his/her condition and is able to determine when medication is needed. Athlete agrees to never share medication with another person. Athlete/participant agrees that he/she will inform the coach/Athletic Director, and parents will be contacted immediately by the coach/Athletic Director.

Date: _____ Physician: _____

Date: _____ Parent/Legal Guardian: _____

Date: _____ Student: _____

Date: _____ Nurse: _____