Central Dauphin School District

Permission to Carry Epinephrine Delivery System

Student Health Services

Dear Parent/Guardians:

We are concerned about the safety and well-being of the students who have been identified as having food allergies. It is important that they have access to the medication necessary for controlling the symptoms of an allergic reaction as quickly as possible. Please indicate below how you would like the administration of "EpiPens" handled at school. The nurse will review the rules as well as complete a competency checklist with the student. If your child will be carrying the "EpiPen" for sports activities the Trainer will review the Student Rules on EpiPen Use.

Name of Student: _____ Building: _____

DOB: _____ Grade: _____

Physician Permission:

Name of Medication: _____

___ Yes ___ No Student has been instructed on self-administration on above mentioned medication.

___ Yes ___ No Student has my permission to carry and self-administer above mentioned medication as needed for symptoms of

_____

_____

Physician's Signature: _____ Date: _____

Parent Permission:

___ Yes ___ No After the School Nurse has verified proper technique and signed below, my child may carry his/her own "EpiPen" and will be responsible for having it with him/her at all times.

___ Yes ___ No My child's "EpiPen" should be kept in the nurse's office and may have a pass stating that he/she is permitted to come to the nurse's office whenever necessary.

___ Yes ___ No I understand that failure of my child to appropriately use his/her "EpiPen" will result in the loss of privilege to carry his/her "EpiPen".

Parent Signature: _____ Date: _____

Nurse's Signature: _____ Date: _____

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