



ABC Unified School District
MEDICATION RELEASE FORM FOR SCHOOL USE

Dear Doctor and Parents:

State law and school board policy requires all medication administered during the school day be stored in the health office and administered only when physician's and parent's forms are on file. If, in your opinion, this student's medical condition requires immediate injection of prescribed medication and the student's well being is in jeopardy unless the Epi-pen is carried on his/her person, the statement below needs to be signed by you.

Thank you,
Penelope Goforth, RN, M.Ed.
Health Services-Head of Programs

Date _____

_____ has been instructed in the proper use of the _____.
(Student's name) (medication)

We, _____ and _____
(Physician) (Parent/Guardian)

request that our child be permitted to carry the Epi-pen on his/her person or in his/her fannypack. We consider him/her responsible. The student has been instructed and understands the purpose, method and appropriate use of the Epi-pen. We understand that he/she must also comply with the following rules for safety:

- 1. Student may not share or play with the Epi-pen.
2. Student must inform teacher immediately before or if necessary, after using the Epi-pen.
3. Epi-pens will be carried bearing pharmacist label.

We understand that sharing this medication with another student may be the basis to revoke this privilege. We will provide the school with written notification of any changes in medication.

WE, THE PARENTS/GUARDIANS, ASSUME ALL RESPONSIBILITY AND LIABILITY for the above medication when it is brought on campus by our child.

Physician

Parent/Guardian

Principal/Administrator

Parent/Guardian

School Nurse

Student

See attached medication form.



GUIDELINES FOR SELF-ADMINISTRATION OF MEDICATION AT SCHOOL

EPI-PENS AT SCHOOL

1. Student should be familiar and able to self-administer **Epi-pen** medication.
2. Students must carry **Epi-pen** with him/her preferably on his/her person or in school bag or pocket.
3. Student may not share or play with **Epi-pen**.
4. Student must inform teacher **immediately prior to (if possible) or after use of Epi-pen**.

I give permission for my child _____ to carry the prescribed Epi-pen, in case of a severe allergic reaction. I understand that he/she must follow the rules listed above. I have provided physician authorization for self-administration of medication and I will provide the school with **written notification of the changes in medication or my child's condition.** The Epi-pen will remain in the original packaging with the prescription/pharmacy label attached.

Parent Signature

Student Signature

Date

Date