

SELF-ADMINISTRATION OF MEDICATION FOR SY: _____

A. Parent's Request and Authorization

I, THE UNDERSIGNED, request and authorize my child _____ to self-administer his/her medication: inhaler auto-injectable epinephrine (EpiPen) while at school.
(Circle one or both as appropriate)

This authorization is given based on the following:

- My child is capable of and has been instructed in the proper method of self-administration of this medication.
- I understand that my child shall be permitted to carry at all times his/her medication as long as he/she does not endanger him/herself, or endanger other persons, and will not misuse the medication.
- I understand that if my child misuses or exceeds the prescribed dosage, or endangers others with the medication, school employees or agents may confiscate the medication.

Parent/Guardian Signature: _____ **Date:** _____

I, THE UNDERSIGNED,

- understand that the Department of Education, its employees or agents shall not incur any liability as a result of any injury arising from the self-administration of the medication by my child;
- shall exempt from liability and hold harmless school employees or agents against any claims arising out of the self-administration of medication by my child;
- understand that this authorization shall be effective for this current school year and must be renewed annually.

Parent/Guardian Signature: _____ **Date:** _____

B. Physician's Certification

I, THE UNDERSIGNED, certify that _____ has asthma,
(student's name)
anaphylaxis or another related potentially life-threatening illness _____, and
(specify)
he/she is capable of and has been instructed in the proper method of self-administration of his/her own inhaler and/or auto-injectable epinephrine (EpiPen) medication.
(circle appropriate medication)

Physician's Name: _____ **Physician's Signature:** _____
(type/print)

Address: _____ Telephone: _____ Date _____

Reviewed/Accepted by: _____ Date: _____
Principal or DOE Designee

Received by PHN/SHA: _____ Date _____

DOE: July, 2004

Inhaler and EpiPen Consent Form