



DIOCESE OF TUCSON CATHOLIC SCHOOLS

PERMISSION FOR A STUDENT TO SELF-ADMINISTER AN EPI-PEN (Permission to be granted for current school year only. Must be renewed annually.)

School: _____ School Year _____ / _____

Name: _____ Grade: _____ Teacher/Coach: _____

I hereby authorize my child _____
(Name)
to self-administer an EpiPen as needed for
a potentially life-threatening allergic reaction to:

Pharmacy and Prescription Number

Lot Number & Expiration Date

Physician's Statement

- I certify that this student has a potentially life threatening condition/illness that requires medication to be available at all times. This student has been instructed in the proper method of self-administration of this medication and is capable of self-administration at the appropriate times.
- This student has been instructed not to share the medication with anyone.
- I understand that the school shall incur no liability as a result of any injury arising from the self-administration or misuse of this medication by the pupil; **or** if the pupil does not have the medication with him/her when needed; **or** if the medication carried by the pupil has passed its expiration date.
- This form is valid for the school year indicated above, and permission must be renewed each year.
Permission
may be revoked if the pupil proves to be incapable of safely self-administering the medication at school.
- This child and the parent/guardian are aware of the above information.

Date _____ Physician's Signature _____

Parent's Statement

As the parent/guardian of the above-named student, I acknowledge that the above-named school, its employees, or agents shall incur no liability as a result of any injury arising from the self-administration of the above-named medication by my child. I agree to hold harmless the school and its employees or agents against any claims arising out of such self-administration.

Date _____ Parent's/Guardian's Signature _____

A copy of this form is to be kept with the medication carried by the student. This original form is to be maintained in the school health office and filed in the student's health record at the end of the school year.

Important Information--Please Read.

It is against school policy for any student to share, distribute, or sell any medication. Policy dictates that any such

action on the part of the student will result in severe disciplinary or legal action.