

SANBORN REGIONAL SCHOOL DISTRICT

“EPI-PEN” AUTHORIZATION

SCHOOL HEALTH SERVICES (SCHOOL NURSE TRAINING)

Parent/Guardian Authorization for school personnel to administer epinephrine

Student’s Name: _____ School: _____

I, _____, am the parent/guardian of the
(Print name of parent/guardian)

student named above.

I have provided to the school an “Epi-Pen”, namely an emergency-ready injection of epinephrine for the treatment of anaphylaxis. This has been prescribed for the student.

The school nurse has trained the school personnel named below in the use of the “Epi-Pen”. I wish these school personnel to be able to administer epinephrine to the student in the event of an emergency.

In the event of an emergency, and in the event the school nurse is unavailable to administer the epinephrine, I authorize each of the school personnel named below to administer epinephrine to the student.

The school personnel trained by the school nurse in the use of the “Epi-Pen” and authorized by me to administer epinephrine to the above-named student in the absence of the school nurse are:

Any questions I have regarding use of the “Epi-Pen” by school personnel have been addressed by the school nurse and/or school principal. On the “Epi-Pen Administration Form for Students with Severe Allergies (JLCE-R1) form, I have signed a “Release and Hold Harmless” and I re-affirm such release here.

Date

Signature of parent or legal guardian