



SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

AUTHORIZATION TO CARRY/SELF-ADMINISTER EPINEPHRINE

Student: _____ DOB: _____ Grade: _____

HEALTH CARE PROVIDER SECTION: It is my professional opinion that the above named student should be allowed to ☐ carry and ☐ self-administer the prescribed EpiPen while on school property or at school-related events. He/she has been instructed in the use of the Pen and demonstrates an understanding of the purpose and appropriate method of administration.

Printed Name of Health Care Provider	Signature of Health Care Provider	Phone Number	Date
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PARENT/GUARDIAN SECTION: I request that my child, the above named student, be permitted to ☐ carry and ☐ self-administer the prescribed EpiPen while on school property or at school-related events. I consider him knowledgeable and responsible in using it only as prescribed by his/her physician. I understand that the school is not responsible to safeguard my child's EpiPen. In the event the EpiPen is lost by my child, I understand I must replace it immediately. I agree to provide a second labeled and prescribed EpiPen to the campus nurse to be maintained in the campus clinic.

Printed Name of Parent/Guardian	Signature of Parent/Guardian	Phone Number	Date
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STUDENT SECTION: I accept the responsibility of carrying my EpiPen while on school property or at school-related events. I will only use it as prescribed by my health care provider. I have been instructed in the signs and symptoms which indicate I need to administer my EpiPen. I will keep it secure on my person at all times. I will not allow other students to hold, carry, play with, or use it in any way. If it is missing, I will notify Administration immediately.

I agree to **IMMEDIATELY** notify a responsible adult if I think I need to use my EpiPen or if I have used it. I understand that in this situation, 911 and my parents will be notified by the school.

Printed Name of Student	Signature of Student	Phone Number	Date
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