MEDICATION CONSENT FORM 3

Parental Permission to Self-Administer/Carry Epi-Pen
• Must Accompany Medical Consent Form 1 from Physician •

Date: ________________________ School: ____________________________

_______________________________________________________________has my permission

to self-administer Epi-Pen medication, as prescribed, at school when the school nurse is not present.

I take full responsibility for my son’s/daughter’s self-administration of the Epi-Pen and do not hold the
School Board, administrators, school nurse or any District 142 employee responsible for medical difficulties
resulting from the self administered Epi-Pen.

I am aware that 911 will be called if an Epi-Pen is administered.
I understand this information will be shared with all staff, including bus drivers, coaches, etc.

Please check one of the following:

☐ My child, ________________________________, will keep his/her Epi-Pen in the nurse’s office.

☐ My child, ________________________________, will carry his/her Epi-Pen.

Parent/Guardian Signature: ____________________________________________

Home phone: _______________________________________________________

Work phone: ________________________________________________________

Cell phone: _________________________________________________________

Date: __________________________

Revised 6/2011