



Epinephrine or Benadryl Carry and Self-Administration Permission Form

TO BE COMPLETED BY PARENT OR GUARDIAN

Name of Student (Last, First): _____

School: _____ Grade: _____

I understand it is my responsibility to renew this form before each school year and any time my child's medical needs change.

NOTE: It is beneficial to have a second Epinephrine Injector kept in the school nurse's office.

TO BE COMPLETED BY PARENT OR GUARDIAN

I hereby request Arlington Heights School District 25 personnel allow my child to carry and/or potentially use an epinephrine injector or Benadryl.

My child knows how to self-administer the prescribed auto-injector or Benadryl, and when to tell an adult if they suspect the onset of an allergic reaction. Although my child knows how to self-administer the epinephrine auto-injector, they may be unable to do so in the event of an allergic reaction. In that situation, trained school staff will administer the medication and will immediately call 911.

I give permission for my child to: carry self-administer

Parent/Guardian Signature _____ Date _____

TO BE COMPLETED BY PHYSICIAN

I hereby request Arlington Heights School District 25 personnel allow my patient to carry and/or potentially use an epinephrine injector or Benadryl.

My patient knows how to self-administer the prescribed auto-injector or Benadryl, and when to tell an adult if they suspect the onset of an allergic reaction. Although my patient knows how to self-administer the epinephrine auto-injector, they may be unable to do so in the event of an allergic reaction. In that situation, trained school staff will administer the medication and will immediately call 911.

I give permission for my patient to: carry self-administer

Medication _____ Dosage: _____

Directions _____

Physician Name: _____ Phone: _____

Physician Signature _____ Date _____