



Epinephrine or Benadryl Carry and Self-Administration Permission Form

Student Name \_\_\_\_\_

Birth date \_\_\_\_\_ Home phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

This form gives permission to  carry  self-administer

Please note: It is helpful if the parent provides a second Epinephrine Injector to be kept in the nurse's office.

Parent Permission:

I hereby request 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 he/she suspects the onset of an allergic reaction. Although my child knows how to self-administer his or her epinephrine auto-injector, he or she may be unable to do so in the event of an allergic reaction. If that is the case, appropriate school staff will administer the medication and will immediately call 911.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Permission:

I hereby request that 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 he/she suspects the onset of an allergic reaction. Although my patient knows how to self-administer his or her epinephrine auto-injector, he or she may be unable to do so in the event of an allergic reaction. If that is the case, appropriate school staff will administer the medication and will immediately call 911.

Medication \_\_\_\_\_

Directions \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Name \_\_\_\_\_

Office phone number \_\_\_\_\_ Fax # \_\_\_\_\_

This form may be faxed to \_\_\_\_\_ at \_\_\_\_\_ (School) (Fax number)