



***Contract between Student, Parent, Nurse and Physician for Permission to Carry and Administer EpiPen***

Students Name: \_\_\_\_\_ DOB: \_\_\_\_\_ YOG: \_\_\_\_\_

1. Student has demonstrated understanding of:
  - a. Circumstances of his/her specific allergy
  - b. Symptoms of severe reaction of anaphylaxis and
  - c. Identify the need for epinephrine
  - d. Techniques of self-administration f EpiPen
2. Student agrees to never share the EpiPen with another person.
3. Student agrees to seek help IMMEDIATELY from the school nurse or another adult in the event of exposure to a known allergen (regardless of whether or not epinephrine was self-administered).

I give permission for my child \_\_\_\_\_ to carry and self-administer epinephrine in the form of the EpiPen or EpiPen Jr. delivery system. I agree with and understand that she must follow the rules listed above. In the event that, epinephrine needs to be administered, I understand that the Emergency Medical System will be called, and my child will be transported to the nearest available hospital for continued medical support. I will notify the school of any changes in my child's medication or medical condition.

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**Parent/Guardian Signature and Date**

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**Physician Signature**

**Printed Name**

**Date**

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**Physician Office Phone Number and Fax Number**