

**STUDENT SELF-ADMINISTRATION OF EPI-PEN MEDICATION AUTHORIZATION  
CLEAR CREEK INDEPENDENT SCHOOL DISTRICT**

Students diagnosed with having a life threatening allergic reaction requiring use of injectable epinephrine, i.e. Epipen, may carry prescribed injectable medication while on school property or at a school related event or activity if all the following conditions are met:

1. The prescription Epipen has been prescribed for the student as indicated by the prescription label on the medicine.
2. The self-administration is done in compliance with the prescription or written instructions from the student's physician or other licensed health care provider.
3. A parent of the student provides the school a written authorization (below), signed by the parent for the student to self-administer prescription Epipen medicine
4. A parent of the student provides the school a written statement from the student's physician or other licensed health care provider, signed by the physician or provider stating the information as indicated on this form.

**PHYSICIAN'S AUTHORIZATION FOR SELF-ADMINISTRATION OF EPIPEN MEDICATION**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Medication: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Prescribed Dosage: \_\_\_\_\_

Time or Circumstances to Administer Medication: \_\_\_\_\_

**This student has been diagnosed with having a life threatening allergic reaction requiring the use of injectable epinephrine. I hereby request that this student be allowed to carry and self administer the above medication.**

Print Physician's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**PARENT OR GUARDIAN'S PERMISSION**

I hereby give my permission for my child (named above) to carry and self-administer his/her prescribed Epipen while on school property or at a school related event or activity. I understand that after the Epipen is administered that student will be transported to the ER via ambulance.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_