

EPIPEN® ADMINISTRATION PERMISSION FORM

To be completed by parent or legal guardian and placed in a zip lock bag with EpiPens®

Child's Name: _____

Child's Grade: _____ Teacher: _____

Parent/Guardian Name: _____

Parent/Guardian Emergency Cell/Phone: _____

My child is allergic to: _____

I hereby authorize West Oakview Elementary School staff to administer an EpiPen® to my child if he or she has known exposure and/or a severe allergic reaction to a specified allergen. I agree to release, indemnify, and hold harmless West Oakview Elementary School and any of its staff, volunteers, or agents from lawsuit, claim, expense, demand, or action against them for administering the EpiPen® provided they administer the EpiPen® prescribed specifically for my child. I am aware that the injection will probably be administered by a trained staff member or volunteer who is not a healthcare professional. I understand that the Emergency Rescue Squad will always be called when an EpiPen® is administered to my child.

The following EpiPen® has been prescribed. Check as appropriate:

- EpiPen®** (the premeasured dose is 0.3 mg of Epinephrine)
- EpiPen® Jr.** (the premeasured dose is 0.15 mg of Epinephrine)
- My child has received adequate training on how and when to use an EpiPen® and can use it properly in case of an emergency. He or she will carry an EpiPen® **at all times.**

Parent/Legal Guardian Signature

Date