

COMMUNITY UNIT SCHOOL DISTRICT #1 ADMINISTRATION OF EPI-PEN AUTHORIZATION FORM

STUDENT NAME _____ DATE OF BIRTH _____

ADDRESS _____ PHONE NUMBER _____

CHECK ONE or BOTH SCHOOL: _____

I hereby authorize my child to self-administer his/her Epi-Pen during school hours, at school-sponsored activities, under the supervision of school personnel, or before or after normal school activities. I have provided the School District with a written statement from the physician, physician's assistant, or advanced practice registered nurse who prescribed the Epi-Pen for my child.

I hereby request that Community Unit School District #1 employees administer or supervise the administration of medication in accordance with the routine described below and under the guidance for administration of medication in community Unit School District #1.

I ACKNOWLEDGE THAT THE School District will not be held liable for any injury to my child that results from his/her self-administration of the Epi-Pen unless the School District, its employees, and its agents are found to have engaged in willful and wanton misconduct. I agree to indemnify and hold harmless the School District, its employees, and its agents against any claims, except a claim based on willful and wanton conduct, arising out of my child's self-administration of the Epi-pen.

Parent /Guardian Signature

Date

*******TO BE COMPLETED BY THE STUDENT'S PHYSICIAN:*******

Diagnosis-Allergen	
Epinephrine:	Dosage:
Antihistamine:	Dosage:
Common side effects:	
Other medications student is receiving:	

PLEASE CHECK ONE:

- ADMINISTER EPI-PEN IMMEDIATELY FOR **SUSPECTED** EXPOSURE
- ADMINISTER ANTIHISTIME _____ (NAME/DOSE) FOR SUSPECTED EXPOSURE AND THEN FOLLOWED BY EPI-PEN IS SYMPTOMATIC
- ADMINISTER EPI-PEN WHEN SYMPTOMATIC, FOLLOWED BY ANTIHISTIMINE _____ (NAME/DOSE)

Physician's Signature

Date

Print Physician Name

Office Phone Number

FOR OFFICE USE ONLY

Start Date _____

DC Date _____

Given as ordered on
School Days when Student
present unless otherwise
noted.

Nurse Signature
Date _____