

EpiPen Release Form

This form must be completed in addition to the routine medication form for those students who need to carry an EpiPen due to severe allergic reactions.

Student Name: _____ DOB: _____

_____ has been instructed in the proper use of the EpiPen. We request that he/she be permitted to carry the EpiPen on his/her person. He/she has been instructed and understands the purpose and the appropriate method and time to administer the EpiPen.

Prescribing Physician's Signature

Date

Parent/Guardian's Signature

Date