

Friendswood Independent School District  
Health Services

**Permission to Carry EpiPen**

**Memorandum to Parents**

So that the school nurse may provide the best care for your child, please complete the attached form and return it to your school nurse. In addition, if any changes occur during the school year, please notify your school nurse.

**Option #1**

The student comes to the clinic where the EpiPen is kept and uses it under supervision. The advantage is that the medication will be used correctly, in the proper amount, and records will be kept.

All medications brought to school must be in their original container and a signed Allergy Action Plan must be returned to the school nurse and kept in the school clinic.

**Option #2**

Qualified students will be allowed to carry their EpiPens with permission from their **physician and parent**. The advantage is that it is immediately accessible. A spare EpiPen, if provided by the parent, will be kept in the clinic. Both Allergy Action Plan and Permission to Carry EpiPen forms must be returned to the school nurse and kept in the school clinic.

**For Permission to Carry EpiPen**

1. Student has demonstrated to the school nurse correct use of EpiPen Trainer.
2. Student agrees to **never** allow another student to have use of their EpiPen.
3. Student agrees that if administered, he/she will be transported to the ER via ambulance.

Student Signature \_\_\_\_\_

School Nurse Signature \_\_\_\_\_

I give permission for this child \_\_\_\_\_ to carry the medication described below. I understand that he/she must follow the rules listed above. I will notify the school of any changes in medication or child's condition.

| Type of EpiPen | Dose  | FREQUENCY OF USE |
|----------------|-------|------------------|
| _____          | _____ | _____            |

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's printed name/phone number \_\_\_\_\_