

Friendswood Independent School District
Health Services

Permission to Carry EpiPen

Memorandum to Parents

So that I may provide the best care for your child, please complete the attached form and return it to me. If any changes occur during the year, please notify me.

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, with a signed parental permission note giving the child's name, medication, dose and time for medication to be given.

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 for them in the clinic should they forget theirs. All forms must be returned to the nurse.

For permission to carry EpiPen

1. Student has demonstrated to the 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 _____

Nurse's Signature _____

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

TYPE OF EPIPEN	DOSE	FREQUENCY OF USE
_____	_____	_____

Parent's Signature _____ Date _____

Physician's Signature _____ Date _____

Physician's printed name _____