

Derry Cooperative School District/School Health Services "Epi-Pen" Authorization

Parent/Guardian Authorization for school personnel to administer epinephrine

"Unless an earlier date is set forth below, this authorization is valid until the end of the school year during which it is signed, and must be renewed to be valid for the following school year."

Name of Student: _____ DOB: _____ Grade: _____

I, _____, am the parent/guardian of the student
Print name of parent/guardian
named above.

I have provided to the school an "Epi-Pen," namely an emergency ready injection of epinephrine for the treatment of anaphylaxis. This has been prescribed for the student.

In the event of an emergency and in the event the school nurse is unavailable to administer the epinephrine; I delegate each of the school personnel/volunteers named below to administer epinephrine to the student:

This authorization is valid until _____ or until the end of the school year during which it is signed, whichever is earlier.

Any questions I have regarding use of the Epi-Pen by school personnel/volunteers have been addressed by the school nurse and/or school principal. On the prescribed medication form, I have signed a "Release and Hold Harmless," and I reaffirm such release here, namely I release and hold harmless the above-named school personnel/volunteer from any cause of action which may result from administration of epinephrine to the above-named student.

Date: _____

Signature of parent or legal guardian

Approved 12/2005