

Academy Independent School District

Consent for Self-Administration/ Self-Carry of Epinephrine at school

Student: _____ Date: _____ Grade: _____

Part 1: Physician's Statement

Type and Purpose of Epinephrine:

Time and Indications for Usage:

The above-named student has a severe allergy and is capable of possessing and self-administering prescribed allergy medication(s) while at school and school-related events.

Signature of Healthcare Provider

Date

Part 2: Parental/Guardian Consent

The above named student has my permission to possess and self-administer allergy medication as prescribed at school and school-related events.

Signature of Parent/Guardian

Date

Part 3: School office use

Filed in the school office on _____ by _____