

School Year _____

**RELEASE FOR STUDENT TO CARRY EPI PEN
ON PERSON AND CONTINUE RECOMMENDED MEDICATION**

I recommend that _____ carry and use an Epi pen at school/school sponsored activities/ sports practices and events on his/her person. This is advisable because he/she has an acute allergy that may potentiate a hypersensitivity reaction, or anaphylaxis.

_____ (Please initial) As the parent/guardian, I give my permission for the above named child to carry an Epi pen on his/her person, as advised by their physician.

_____ (Please initial) As the parent/guardian, I agree that this student has been trained in the proper usage & administration of the Epi pen, has adequate knowledge of his/her specific allergy and is aware of his/her symptoms of an allergic reaction.

This student is allergic to: (1) _____
(2) _____
(3) _____
(4) _____

What type of reaction typically occurs with exposure?

Parent/ Guardian signature