



EpiPen® Administration Permission Form

To be completed by parent or legal guardian and placed in zip lock bag with EpiPen®

Child's Name (as it appears on EpiPen®): _____

Child's Age/Grade: _____ Parent/Legal Guardian Emergency/Cell Phone _____

My child is allergic to: _____

I hereby authorize the staff and/or teachers at Maria Verdeja School of the Arts (MVSA) to administer an EpiPen® to my child if she has known exposure and/or a severe allergic reaction.

I agree to release, indemnify, and hold harmless MVSA and any of its staff from lawsuit, claim, expense, demand, or action against them for administering the EpiPen® provided they administer the EpiPen® prescribed specifically for my child. I am aware that the injection probably will be administered by a staff and/or teacher who is not a healthcare professional. I have read the Food Allergy Information and EpiPen® Administration Procedures and agree to provide an EpiPen® as required. I understand that 911 will be called when an EpiPen® is administered to my child. I also understand the cost of emergency 911 services will be my responsibility.

The following EpiPen® has been prescribed. Check as appropriate:

EpiPen® (the premeasured dose is 0.3 mg. of Epinephrine)

EpiPen® Jr. (the premeasured dose is 0.15mg of Epinephrine)

My child has received adequate training on how and when to use an EpiPen® and can use it properly in case of emergency. She will carry an EpiPen® at all times.

Parent/Legal Guardian Printed Name

Parent/Legal Guardian Signature

Date