

Student Name: _____ Date of Birth: _____ Grade: _____

- a) any injury to the student caused by his/her self-administration of medication;
- b) the student's use, misuse, overuse, or neglected or failed use of his/her allergy epinephrine device; and
- c) lost, misplaced, outdated, inaccessible, empty, or faulty allergy medication and epinephrine devices.

I permit the Program to seek emergency medical treatment for the student when deemed necessary and appropriate. I accept legal responsibility should the epinephrine device be misused or given or taken by a person other than the above-named student. I release the Program and its employees and agents of any legal responsibility related to the above-named student's possession and self-administration of his/ her allergy epinephrine device.

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Print Name	Date
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I, _____, the above-named student have been instructed in the proper use of my prescription epinephrine device and fully understand how and when to use this medication. I will always carry my medication with me and will not allow another student to use my epinephrine device under any circumstance. I understand and agree to the terms of the school policy.

Student's Signature

Date

The above-named student has been instructed and demonstrates understanding of the proper use of his/her allergy epinephrine device. It is my professional opinion that the student be permitted to carry and self-administer his/her allergy epinephrine device. I have provided the parent/guardian with a written allergy emergency/management plan including the name, purpose, dosage, and administration directions of the epinephrine device.

Healthcare Provider Signature	Date
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Print Name and Office Address