

Date: _____

BOX ELDER SCHOOL DISTRICT
EPI-PEN SELF ADMINISTRATION FORM
in accordance with Utah Code 23-41-104

Student Name: _____ School: _____

Parent/Guardian Name: _____ Phone #: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Phone #: _____

HEALTH CARE PROVIDER AUTHORIZATION

The above named student is under my care. I feel it is medically appropriate for the student to self-administer injectable epinephrine through an epi-pen and be in possession of this medication at all times. The medication prescribed for this student is:

Name of Medication: _____

Dosage: _____

Possible Side Effects: _____

Signature of Health Care Provider: _____ Date: _____

PARENT/GUARDIAN AUTHORIZATION

I authorize my child _____ to carry and self-administer the medications described above consistent with Utah Code 26-41-104.

I do not authorize my child to carry and self-administer this medication. Please keep my child's medication with appropriate school personnel. My child and I understand there are serious consequences for sharing any medications with others.

Parent/Guardian Signature: _____ Date: _____