Chester County Intermediate Unit
Permission to Carry an Epi-Pen

Dear Parent/Guardian,

We are concerned about the safety and well being of the students who have been identified as having allergic reactions. It is important that they have access to the medication necessary for controlling the symptoms of an allergic reaction as quickly as possible. Please indicate below how you would like the administration of your child's epi-pen handled at school.

Student's Name _____Birthdate _____ Grade/ Homeroom: _____

I am allergic to:_____

Signs and Symptoms of your allergic reaction: _____

PLEASE NOTE THAT Epi-Pens WILL ONLY BE PERMITTED TO BE USED ACCORDING TO PACKAGE DIRECTIONS OR DOCTOR'S NOTE

I GIVE MY PERMISSION FOR THE FOLLOWING:

Yes	No	
_____	_____	After the school nurse has verified proper technique, my child may carry his/her own epi-pen and will be responsible for having it with him/her at all times. After use, my child will report to the school nurse to monitor the medication's effectiveness.
_____	_____	My child's epi-pen should be kept in the nurse's office in a locked cabinet and the student may have a pass stating that they are to be allowed to come to the nurse's office as needed.

Parent Signature: _____ Date: _____

Physician Signature: _____ Date: _____

STUDENT RULES ON Epi-Pen USE

I am responsible to use my epi-pen on time.
I am responsible for bringing my epi-pen to school.
I will never touch anyone else's epi-pen.
I will never loan my epi-pen to anyone else or invite anyone to try it.

Student Signature: _____ Date: _____