

SCOTTSDALE UNIFIED SCHOOL DISTRICT

SCHOOL HEALTH PROGRAM

CONSENT AND RELEASE FOR STUDENT TO CARRY EPIPEN

School _____

Phone _____

Student _____

Birthdate _____

The above named student has been instructed in the proper purpose and appropriate method and frequency of use of Epipen. We, the undersigned physician and parent of this student, request that he/she be permitted to carry an Epipen on his/her person while at school and during school functions.

We understand, confirm and agree that:

1. The Scottsdale Unified School District is not responsible for safeguarding the medication, or for ensuring that the student uses the medication properly;
2. The Epipen must be properly labeled, and the label must clearly reflect the student's name.
3. The physician has explained to the parents and the student the detriments and risks of using the Epipen inappropriately.
4. Should the student ever use the epipen while at school or at a school sponsored activities, the student shall notify the school nurse as soon as practicable.
5. The student understands his/her responsibility for keeping the Epipen safely on his/her person.
6. The student understands the importance of preventing other students from using the medication, that such use could seriously endanger other students, and that voluntarily permitting such use will result in discipline (up to and including expulsion). As a parent, I have discussed these issues with my child and I believe he/she understands his/her responsibilities for safe Epipen use.
7. As a parent, I understand that should my child lose the Epipen, my child is at risk for serious complications including respiratory arrest and death.
8. As a parent, I recognize that it is prudent to keep an extra Epipen in the Health Center for emergency use by my child.
9. The student, his/her parent and physician understand that the standard practice of the Scottsdale Unified School District is to keep all medications locked in the school Health Center for the protection of all students.

In addition to this form, the District requires that the parent complete and return the medication permission form (HMES 503), explaining how the medication is administered

Physician signature

Date

School nurse signature

Date

Parent signature

Date

Principal/designee signature

Date

Student signature

Date

PLEASE NOTE THAT THIS AUTHORIZATION MUST BE UPDATED AND RE-SUBMITTED EVERY YEAR.