Russell County Public Schools

Annual Contract For Self-Administration Of EpiPen

Medical Prescriber

Student Name_____Age/Grade_____

Medication_____Dosage_____

Possible Side Effects_____

The above named student is under my care. I feel it is medically appropriate for the student to self-administer and EpiPen medication and be in possession of an injectable anaphylactic medication at all times.

_____ _____

Signature of Prescriber Date

Parent/Guardian

I DO authorize my child_____ to carry and self-administer the medication prescribed above.

_____ _____

Parent/Guardian Signature Date

I Do Not authorize my child_____to carry and self-administer this medication. Please keep my child's medication with appropriate school personnel.

_____ _____

Parent/Guardian Signature Date