

## FLOSSMOOR SCHOOL DISTRICT 161

**PHYSICIAN AUTHORIZATION AND REQUEST FOR SELF-ADMINISTRATION OF  
EMERGENCY EPINEPHRINE AUTO-INJECTOR MEDICATION (EPI-PEN)**\_\_\_\_\_  
Student Name\_\_\_\_\_  
School/Grade\_\_\_\_\_  
Birth date\_\_\_\_\_  
Address\_\_\_\_\_  
Phone Number\_\_\_\_\_  
Emergency Contact Person/Phone Number

Health Condition: \_\_\_\_\_

*(Diagnosis)*

I am requesting that the above-named student take the following medication as prescribed below during school hours (including before or after normal school activities, while in a school-sponsored activity and while under the supervision of school personnel):

\_\_\_\_\_  
Name of Medication\_\_\_\_\_  
Type of Medication\_\_\_\_\_  
Purpose of Medication\_\_\_\_\_  
Dosage Time(s) to be Administered\_\_\_\_\_  
Special Circumstances Under Which Medication to be Administered\_\_\_\_\_  
Possible Side Effects

**I certify that** \_\_\_\_\_ **has been instructed in the use and self-**  
*(Name of Student)*  
**administration of** \_\_\_\_\_  
*(Name of Medication)*

**He/She understands the need for the medication and the necessity to report to school personnel any unusual side effects. He/She is capable of using this medication independently.**

\_\_\_\_\_  
**Prescriber's Signature**\_\_\_\_\_  
**Date Signed**\_\_\_\_\_  
**Print Name of Prescriber**\_\_\_\_\_  
**Prescriber's Emergency Phone #**\_\_\_\_\_  
**Prescriber's Address**

\_\_\_\_\_



FLOSSMOOR SCHOOL DISTRICT 161

**STUDENT AGREEMENT TO CARRY  
EMERGENCY EPINEPHRINE AUTO-INJECTOR MEDICATION (EPI-PEN)**

**To carry medication, the student must demonstrate the ability to:**

**State the importance of maintaining safe storage of the medication in school, including carrying medications.**

**State the importance of not allowing other students to use the medication.**

**State the name, dosage, and frequency of the medication.**

**State the purpose/reason/symptom for using the medication.**

**If your child has an epi-pen prescribed, it is recommended that an extra epi-pen be kept in the school health office in the event that the carried epi-pen is lost.**

**Student  
Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian  
Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_