

To be completed by physician and parent – for students with severe allergies

Epi-Pen Release Form

Potomac Conference Office of Education

This form must be completed in addition to the routine medication form for those students who need to carry an Epi-Pen due to severe allergic reactions.

_____ has been instructed in the proper use of the Epi-Pen. We request that she/he be permitted to carry the Epi-Pen on his/her person. She/he has been instructed and understands the purpose and the appropriate method and time to administer the Epi-Pen.

Physician

Parent/Guardian

Date

Date