Attachment IV
Regulation 757-2

PERMISSION FOR STUDENT TO CARRY AND/OR SELF-ADMINISTER EPINEPHRINE

Student Name: _____ DOB:_____

I, as the health care provider, certify that this child has a medical history of severe allergic reaction and has been trained in the use of the prescribed medication and is judged to be capable of carrying and self-administering epinephrine. The nurse or designated school staff should be notified anytime the medication/injector is used. This child understands the hazards of sharing medication with others and has agreed to refrain from this practice. I understand that the school may withdraw permission to possess and self-administer the said emergency medication at any point during the school year if it is determined the student has abused the privilege of possession and self-administration or that the student is not safely and effectively self-administering the medication.

☐ Self-carry

☐ Self-administer

_____	_____	_____
Student Signature	Print Student Name	Date
_____	_____	_____
Health Care Provider Signature	Print Health Care Provider Name	Date

---

_____	_____
Parent's/Guardian's Signature	Date
_____	_____
Principal/Designee Signature	Date