

# EPI PEN and EPI PEN JR Order

I / We hereby request that the Turkeyfoot Valley Area School District, through its appropriate personnel, administer a physician's prescribed medication to our child, as described below. I / We further hereby release and hold harmless, the Turkeyfoot Valley Area School District and its employees, from any liability for injury or damages as a result of such administration of medicine.

**\* The ambulance will be called after administration of an EPI PEN.**

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Consistent with the above request by the parents of the below identified child, I hereby request that the Turkeyfoot Valley Area School District allow its appropriate personnel to administer a medication which I have prescribed, as follows:

**DR.** – Please be specific on the order for the Epi Pen – If you want Benadryl administered first and then re-assessment of patient please list that as medication number 1 and then follow with EPI as medication #2. Please note specific S&S that require admin of EPI for this child. If the allergy is severe and you want both administered together please note that as well. Please be specific on your orders. Thank you so much.

Child's name: \_\_\_\_\_

Name of Medication: 1. \_\_\_\_\_

Dosage: \_\_\_\_\_

Time to be Administered: \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_

Possible Side Effects or Contraindications: \_\_\_\_\_

Name of medication: 2. \_\_\_\_\_

Dosage: \_\_\_\_\_

Time to be Administered: \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_

Possible Side Effects or Contraindications: \_\_\_\_\_

Termination date for Administering the Medication: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Other medication prescribed by the physician that the student is taking outside of school hours: \_\_\_\_\_

Curtailment of specific school activity: \_\_\_\_\_  
( sports, shop, lab, gym, EtC)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE