

RELEASE FOR USE OF EPI PEN

I, the undersigned parent and/or guardian of:

_____ Born ____/____/____ Grade _____
(Student's Name) Mo Day Yr

do hereby sign and execute this release on my behalf and on behalf of my minor son/daughter/ward.

To Be Completed by Physician/Licensed Prescriber:

NAME OF MEDICATION: _____

DOSE: _____

TIME TO BE GIVEN: _____

DURATION: _____

SIDE EFFECTS: _____

ADVERSE REACTIONS: _____

Check here if this release is for use of an Epi Pen, which the student will possess and use at his/her own discretion in school or at school activities. The physician and parent/guardian signature below apply to the Epi Pen possession and use by the student as permitted in Public Act 10 – Revised School Code.

(Doctor's Signature) (Please Print Name)

(Phone Number) (Date)

To Be Completed by Parent/Guardian:

I hereby waive any liability whatsoever against Gabriel Richard Catholic High School or the Archdiocese of Detroit or any of its personnel, that might occur as the result of giving said medication in the indicated dosage at the time requested to our minor son/daughter/ward.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____