TRINITY CHRISTIAN ACADEMY

Authorization to Carry an EPI Pen at School

Student: _____ Grade/Section: _____

Medication: _____ Specific Diagnosis: _____

Florida State Statutes mandate that physician authorization is required for a student to carry an EPI Pen at school. This applies during school hours and school sponsored sports and activities. In addition the following guidelines must be adhered to:

- **A pharmacy label including the student's name and dosing instructions must be affixed directly to the EPI Pen. If not directly labeled, the inhaler must be kept in the pharmacy labeled box.**
- In the event of an anaphylactic reaction and an EPI Pen is administered, staff should be notified and emergency services contacted.
- This form or an equivalent from the prescribing physician is on file. Any changes to medication or health must be documented and current.
- Parent or guardian authorization is completed and on file.
- Trinity Christian Academy allows only students in grades 4 – 12 the option to carry an EPI Pen.

*Please have the physician complete the following or complete a prescription notice stating the student is trained and qualified recognize the signs and symptoms of an anaphylactic reaction and should be permitted to carry and self-administer the medication as directed.

***PHYSICIAN AUTHORIZATION FOR EPI PEN**

The above name student has demonstrated understanding, is trained and **IS QUALIFIED** to recognize the signs and symptoms of an anaphylactic reaction and should be permitted to carry and self-administer the medication as directed on pharmacy labeling.

_____	_____	_____
Physician's Name (please print/stamp)	Address	Zip Code

_____	_____	_____	_____
Physician's Signature/Stamp	Phone	Fax	Effective Date

Trinity Christian Academy reserves the right to rescind this order as a result of:

- Improper use or storage of the prescribed EPI Pen.
- The EPI Pen is used with the intent to harm oneself or another student.
- The guidelines for self-administration, as outlined above, are not met.

Parent Signature: _____ Date: _____

Primary Phone: _____ Email: _____