

RAYMOND SCHOOL DISTRICT



USE OF EPI-PENS

Physician Portion:

My patient, _____, has a severe, potentially life-threatening allergy to _____. He/She has been instructed in the proper use of the epi-pen and should be allowed to possess and self-administer in school for use in emergency situations.

Physician's Name (printed) _____

Physician's Signature _____

Clinic Address _____
Address City/Town State

Phone _____

Parent Portion:

I agree with my child's physician and give my son/daughter, _____, permission to carry his/her epi-pen in school, to be used as directed by his/her physician.

Parent/Guardian (print)

Parent/Guardian (signature)

Date

*I understand that, in accordance with the State of NH. Law Section 200.44 -

200:44 Availability of Epinephrine Auto-Injector

The school nurse or, if a school nurse is not assigned to the school building, the school principal shall maintain for a pupil's use at least one epinephrine auto-injector, provided by the pupil, in the nurse's office or in a similarly accessible location.