



Guy Perkins School District
492 Hwy 25 N. Guy, AR 72058
Phone: (501)679-3507 Fax: (501)679-3508

EPI-Pen Self Carry Form

EPI-PEN AUTO INJECTOR
FOR MANAGEMENT OF EMERGENCY ACUTE ALLERGIC REACTIONS

Parent/Guardian please complete and return to school clinic

_____ I request my child be allowed to carry and self-medicate his/her Epi-Pen as prescribed above during school hours in accordance with the school board' policy below.

_____ I DO NOT want my child to carry the Epi-Pen during the school day. Please keep medication in the clinic for emergency administration.

1. The medication must be in the original container with the current prescription labeled from the pharmacy.
2. An allergy plan of action from the prescribing physician as marked above must be completed and signed.
3. Unless authorized to self-administer, students are not permitted to carry any medications while at school.
4. The student is responsible for immediately reporting to the school nurse or school personnel following the use of Epi-Pen.
5. A student is prohibited from sharing, transferring or in any way diverting his/her own medication to any other student.
6. The authorization and plan of action shall be renewed yearly.

I will not hold the Guy-Perkins School Board or School Staff responsible for any damages or injuries resulting from the administration of this medication. I will pay for EMT service if used to transport my child from the school to the hospital should my child have a reaction to this medication. The school nurse is authorized to delegate this authority to another person if the school nurse is not on campus.

Student _____ Grade/Teacher _____

Management of acute reaction to:

- A. Stinging insect (bees, wasp, hornets, yellow jackets, fire ants)
- B. Ingestion of _____
- C. Other _____

In case of Emergency _____ Phone: _____

Parent Signature _____ Date: _____

School Nurse: _____ Date: _____