

Erin Matyjasik, PhD, NCSP  
Special Services Director  
Health Services Department



Phone: (520) 209-8081  
ematyjasik@cfsd16.org  
www.cfsd16.org

---

*Permission to carry emergency EPINEPHRINE*

---

School: \_\_\_\_\_ Year \_\_\_\_\_

Student name:	Date of Birth:	Grade:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Medication device name:	Dose:	Expiration date:
<input type="text"/>	<input type="text"/>	<input type="text"/>

I give permission for the above-named student to carry emergency epinephrine on campus. This student has been instructed on the proper use of this medication and agrees to only use it as prescribed.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Parent/Guardian printed name: \_\_\_\_\_ Phone: \_\_\_\_\_

- Please bring this form and the medication to the health office for the school nurse and/or health assistant to review.
- Please ask the pharmacist to adhere the prescription label directly to the medication injection device. Or ask the pharmacist for a second prescription label to adhere directly to the injection device.