

Archdiocese of Milwaukee
Release Form for Epi Pen Medication Use
For
St. Dominic School
18105 West Capitol Drive
Brookfield, WI 53045
262-783-7565
FAX. 262-783-5947

Parents:

Please ensure that all signatures necessary to implement this "Epi Pen Use" form are in place on this form before submitting it to the school office.

Date: _____

Child's Name: _____

has been instructed in the proper use of the Epi pen.

We, _____ and _____ request
(Physician) (Parent/Legal Guardian's Signature)

that _____ be permitted to carry the Epi Pen on his/her person, or to keep same in his/her classroom or locker, as we consider this student to be responsible. He/she has been instructed in, and understands the purpose and appropriate method and frequency of use of the Epi Pen.

We, the undersigned physician and parent/legal guardian absolve the school and its employees, agents and officers of any responsibility in safeguarding our child's Epi pen.

(Physician's Signature)

(Parent/Legal Guardian's Signature)

(School Principal's Signature)

(Homeroom Teacher's Signature)