



## Epipen Administration Form

Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date: \_\_\_\_\_ Inclusive of date \_\_\_\_\_ To  
\_\_\_\_\_. If unused the epipen will be returned at the  
end of the school year. Please confirm expiry date : \_\_\_\_\_.

This note is to authorize the supervisor/staff of Island Montessori Academy (IMA) to administer the Epipen provided, as needed.

Waiver

I agree, that IMA is acting on my behalf, as instructed by a medical doctor, to administer the above mentioned medication to my child.

Parent/Guardian \_\_\_\_\_

Signature

Printed

Dated

The Epipen provided was administered

Date \_\_\_\_\_

By Staff Member: \_\_\_\_\_ (Signature)

\_\_\_\_\_ (Printed Name)

Reason:  
(be very specific)

At: \_\_\_\_\_

Time (a.m.)

Time (p.m.)

Parent Contacted: \_\_\_\_\_ At \_\_\_\_\_.

(Jul 19)