



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

**Epipen Administration Form**

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)