Island Montessori Academy
Shaping your child's future, today.

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 _____.

(Jul18)