



EPIPEN Administration

Date: _____

Name of Child: _____

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

Date

The Epipen provided was administered

Date: _____

By Staff Member: (Signature) _____

(Printed Name) _____

Reason: _____
(be very specific)

At:

Time: _____

Parent Contacted: _____ At _____