

EpiPen Authorization and Release Form

Cedar Falls Community School District

STUDENT NAME: _____	DATE OF BIRTH: ____/____/____
NAME OF PARENT OR GUARDIAN: _____	
ADDRESS: _____	

I, the parent or guardian of the above named student (the "Student,") have been advised of the Cedar Falls Community School District's (the "District,") Allergy Sensitive Guidelines, and the related policies regarding the administration and use of an epinephrine autoinjector (commonly known as an "EpiPen") in the event a student experiences a severe allergic reaction. Having reviewed these Guidelines, and the advice of my Student's treating physician, I wish to make the following authorization(s) with respect to the use of an epinephrine autoinjector if the Student experiences a severe allergic reaction:

(Please initial next to the appropriate authorization(s) and sign below)

_____ I hereby **authorize** the Cedar Falls Community School District, and its agents and representatives, to administer to the Student an epinephrine injection pursuant to the Allergy Sensitive Guidelines and the Student's Emergency Action Plan. I understand that epinephrine may be administered by any trained staff member; however, said staff member may not be a licensed medical professional. I also understand that the District will contact emergency medical services and the parent or individual listed as emergency contact for the Student whenever epinephrine is administered, regardless of whether the Student continues to exhibit symptoms of anaphylaxis. I hereby agree to indemnify, release, and hold harmless the Cedar Falls Community School District, its directors, officers, agents, employees, and staff, from any claim, demand or action regarding the administration of epinephrine pursuant to the Allergy Sensitive Guidelines and this Authorization.

_____ I hereby instruct the Cedar Falls Community School District **not to administer** epinephrine to the Student pursuant to the Allergy Sensitive Guidelines and the Student's Emergency Action Plan. I understand that failing to promptly administer epinephrine to an individual who is experiencing anaphylaxis may result in severe harm to the individual, including death. I understand that the District will contact emergency medical services and the parent or individual listed as emergency contact for the Student whenever District staff believes the student is experiencing a severe allergic reaction. However, I hereby choose to elect against allowing the District to administer epinephrine to the Student in such an event. I hereby agree to indemnify, release, and hold harmless the Cedar Falls Community School District, its directors, officers, agents, employees, and staff, from any claim, demand or action regarding the

District's decision to honor this instruction and not administer epinephrine in the event of a severe allergic reaction.

_____ The Student has been authorized to **carry an epinephrine autoinjector on his or her person**. The Student may keep the epinephrine autoinjector at his or her desk or locker. The Student has been instructed on the proper use of the epinephrine autoinjector and understands its purpose, method of injection, and appropriate frequency of use. I believe that the Student is sufficiently mature and capable of this responsibility. I understand that, if the District has reason to believe that the Student is misusing the epinephrine autoinjector, or if the Student's ability to carry an epinephrine autoinjector on his or her person creates a distraction from the educational environment, the District will consult with the Student's parent(s) or guardian(s) and may revoke the Student's ability to continue to carry the epinephrine autoinjector. I hereby agree to indemnify, release, and hold harmless the Cedar Falls Community School District, its directors, officers, agents, employees, and staff, from any claim, demand or action regarding the Student's use or misuse of an epinephrine autoinjector the Student was authorized to carry pursuant to this Authorization.

Signed on this ____ day of _____, 20____.

Signature: _____

Printed Name: _____

Relation to Student: _____