



TOPEKA PUBLIC SCHOOLS
NURSING SERVICES

MEDICATION RELEASE FORM – EPI-PEN

Date: _____

_____ has been instructed in the proper
(Student's Name)

use of an Epi-pen injection.

We, _____
(Physician) (Parent or Guardian)

request that _____ be permitted to carry the Epi-
(Student's Name)

pen injectable on his/her person or to keep same in his/her locker or P.E.locker, as we consider him/her responsible. He/She has been instructed in and understands the purpose and appropriate usage of his/her Epi-pen injection.

We, the undersigned, absolve the school of any responsibility in safeguarding our student's Epi-pen injection.

(Parent's or Guardian's Signature) (Date)

(Physician's Signature) (Date)

RECEIVED AND APPROVED BY:

(Principal's Signature) (Date)

(School Nurse's Signature) (Date)