



KENNEDY CATHOLIC HIGH SCHOOL



SELF-MEDICATION RELEASE FORM FOR EPI-PEN or ANAKIT

Date: _____

Child's Name: _____
has been instructed in the proper use of an EPI-PEN or ANAKIT.

We (Physician's signature) _____

and (Parent or Guardian's signature) _____

request that (Child's name) _____ be permitted to carry the EPI-PEN or ANAKIT on his/her person or to keep same in his/her locker, as we consider him/her responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency of use of his/her EPI-PEN or ANAKIT.

Note: This form must be completed IN ADDITION to the routine district medication form for those students who request permission to carry their own EPI-PEN or ANAKIT on campus or keep this EPI-PEN or ANAKIT in a P.E. locker