

McKenzie School
Joann Saab RN, MSN, APN, CSN
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PARENT/GUARDIAN PERMISSION FOR ADMINISTRATION OF EPINEPHRINE (EPI-PEN) BY UNLICENSED SCHOOL PERSONNEL IN THE ABSENCE OF THE SCHOOL NURSE

Student's Name:	DOB:
Address:	Grade:
Parent/Guardian Name:	
Home Phone:	Other Phone(s):
If Parent/Guardian is unavailab Name:	
Phone(s):	Relationship:

<u>C</u>	ONSENT FOR TREATMENT
by the school nurse or, in the abs school staff who has been trai in the event of an emergency.	e administration of epinephrine by auto-injection (Epi-pen) sence of the school nurse, by an unlicensed member of the fined and delegated by the school nurse to my son/daughter, I also allow the school nurse to share with appropriate relative to this medication administration plan.
Signature of Parent/Guardian	n Date