

RAYMOND SCHOOL DISTRICT
Raymond High School—895-6616
Iber Holmes Gove Middle School—895-3394
Lamprey River Elementary School—895—3117

USE OF EPI-PENS

Physician Portion:

My patient, _____, has a severe,
potentially life threatening allergy to _____.
He/She has been instructed in the proper use of the epi-pen and should be allowed to
possess and self-administer in school for use in emergency situations.

Physician's Name (printed) _____

Physician's Signature: _____

Clinic Address: _____
Address City/Town State
Phone _____

Parent Portion:

I agree with my child's physician and give my son/daughter, _____,
permission to carry his/her epi-pen in school, to be used as directed by his/her physician.

Parent/Guardian (print)

Parent/Guardian Signature Date

* I understand that in accordance with the State of N.H. Law Section 200:44—

200:44 Availability of Epinephrine Auto-Injector

The school nurse, or if a school nurse is not available, the school principal,
shall maintain for a pupil's use @ least one epinephrine auto-injector,
provided by the pupil, in the nurse's office.