



Release Form for Self-Carry Epinephrine Auto-Injector

Date: _____

Student's Name: _____ ID#: _____ Date of Birth: _____
School: _____ Grade: _____

The following student has been prescribed the following epinephrine auto-injector:

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> EpiPen® .3 mg/.3ml | <input type="checkbox"/> Twinject® .3mg/.3ml | <input type="checkbox"/> Auvi-Q 0.3mg |
| <input type="checkbox"/> EpiPen Jr.® .15 mg/.15ml | <input type="checkbox"/> Twinject® .15mg/.3ml | <input type="checkbox"/> Auvi-Q .15mg |

We request that the student named above be allowed to self-carry the epinephrine auto-injector.

The student has been instructed and understands the purpose and appropriate method of use of the epinephrine auto-injector. Milwaukee Public Schools personnel will immediately call emergency medical services/911 and parent/guardian, when they learn of the student's self-administration of the medication.

We, the undersigned healthcare provider and parent/guardian absolve the Milwaukee Public Schools District and its employees, agents, and officers of any responsibility for harm that may occur with self-administration of the epinephrine medication.

Healthcare Provider Name

Health Care Provider Signature

Parent/Guardian Name

Parent/Guardian Signature

Nurse Name

Nurse Signature

Principal Name

Principal Signature

Statute: Wis. Stat. Sec. 118.292