THE ROEPER SCHOOL
AUTHORIZATION FOR SELF-POSSESSION OF EPI-PEN

Self-possession means that under the direction of the physician, the student may carry medication on his/her person to allow for immediate and self-determined administration. The Director may discontinue the student's self-administration privilege upon advanced notice to the parent/guardian.

Student's Name: _____ Birthdate: _____

School year: _____ Start date: _____ Stop date: _____

To be completed by physician/licensed prescriber:

Medication name: _____ Dose: _____

Time to be given: _____

Symptoms/conditions under which medication is to be given: _____

_____

Side effects: _____ Adverse reactions: _____

_____

The student is capable of (circle those that apply): self-administering self-possessing the above medication.

_____ _____
Physician's signature Date

_____ _____
Physician's printed name Phone number

_____ _____
Address Fax number

To be completed by parent/guardian:
I request and give permission for my child, named above, to self-possess the above medication according to school policy and for the physician('s)/staff to share information regarding my child's medication needs.

_____ _____
Parent/guardian's signature Date

_____
Cell Phone Work Phone Home Phone