



### Release Form for Epinephrine Auto-Injector Self Carry

Date: \_\_\_\_\_ School: Fairview School Fax: 546-7715

Student's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

- EpiPen® .3 mg/.3ml       Twinject® .3mg/.3ml
- EpiPen Jr.® .15 mg/.15ml       Twinject® .15mg/.3ml

We, \_\_\_\_\_ and \_\_\_\_\_ request that the above  
(Physician/medical provider) (Parent/legal guardian)

named student be allowed to self-carry the epinephrine auto-injector.

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

We, the undersigned physician or medical provider and parent or legal 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.

\_\_\_\_\_  
(Physician/medical provider's signature)

\_\_\_\_\_  
(Parent/legal Guardian's signature)

\_\_\_\_\_  
(School Principal's Signature)

\_\_\_\_\_  
(School Nurse's Signature)

Statute: Wis. Stat. sec. 118.292