



Queen Creek Unified School District

Consent and Release for Student to Carry EpiPen/AUVI-Q Auto-Injector

Student Name: _____ DOB: _____

School: _____ Grade: _____ Date: _____

The above-named student has been instructed in the proper purpose, appropriate method and frequency of use of the EpiPen AUVI-Q Auto-Injector.

The student will be permitted to carry the EpiPen AUVI-Q on his/her person. We, the undersigned absolve the School District of liability if the medication is lost, stolen or abused in any way by the student.

We further note that:

1. The above-named student understands his/her responsibilities for keeping the EpiPen/Auvi-Q safely on his/her person. The above-named student understands the importance of preventing other students from using the EpiPen/AUVI-Q, and that such use could seriously endanger other students. As a parent/guardian, I have discussed these issues with my child, and I believe he/she understands his/her responsibilities for safe EpiPen/AUVI-Q use.
2. As a parent/guardian, I understand that as a result of losing his/her EpiPen/AUVI-Q, my child is at risk for anaphylaxis.
3. The student, parent/guardian and licensed healthcare provider understand that the usual policy of the Queen Creek School District is to keep all medications locked in the school health office, for the protection of all students.
4. I understand that the school is not responsible to assist, oversee or supervise my child in the administration of the prescribed medication.

Parent/Guardian Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Licensed Provider Signature: _____ Date: _____