

CARROLL COUNTY BOARD OF EDUCATION
Westminster, Maryland
Student Services Department

***Epi-Pen Release Form**

_____ has been instructed in the proper use of the Epi-Pen. We request that he/she be permitted to carry the Epi-Pen on his/her person. He/she has been instructed and understands the purpose and the appropriate method and time to administer the Epi-Pen.

Physician

Date

Parent/Guardian

Date

*This permission to carry, like the Medication Permission Form, **MUST** be renewed for each school year.