## CATALINA FOOTHILLS SCHOOL DISTRICT HEALTH SERVICES

## PERMISSION TO CARRY EPI-PEN or AUVI-Q ON CAMPUS

Date:	School Year:		Grade:
(Student's	s name)	has been instr	ructed in the proper use of
			/
(Name and Dose of	Epinephrine)		(Expiration Date)
	(Parent/Legal Gu	uardian signature	)
	(Parent Name Pi	rinted)	(Phone)

Please have a prescription label put on the actual EPI-PEN or AUVI-Q. You can ask the pharmacist to print an extra prescription label for the school EPI-PEN or AUVI-Q.