

**EpiPen and Benadryl Medication Order and Parent Permission Form**

This form must be completed by the parent/guardian and healthcare provider for the medication to be given at school.

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**Parent/Guardian Section:**

Student name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Allergies: \_\_\_\_\_

The nurse/trained staff at Bishop Fenwick High School has my permission to administer the following medication: EpiPen 0.3 mg and/or Benadryl 25-50 mg to my son/ daughter as prescribed for the treatment of anaphylactic symptoms.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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**Licensed Provider Section:**

Student name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Medication Order: EpiPen 0.3 mg IM and/or Benadryl 25- 50mg po\* for anaphylactic symptoms

*\*Benadryl to be given for mild symptoms*

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Student is approved to self-administer    yes \_\_\_\_\_    no \_\_\_\_\_

Name of prescribing provider: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Signature of Licensed Provider: \_\_\_\_\_

Date: \_\_\_\_\_