

CATALINA FOOTHILLS SCHOOL DISTRICT
HEALTH SERVICES

CARRY EPI-PEN or AUVI-Q ON SCHOOL GROUNDS

Date: _____ School Year: _____ / _____ Grade: _____

_____ has been instructed in the proper use of
(Student's name)

(Name and Dose of Epinephrine)

Parent/legal Guardian signature

_____ Parent Name Printed 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.

***If there is NO prescription label a PCP signature is necessary**

Prescriber's Signature