QUINCY PUBLIC SCHOOLS

PHYSICIAN AUTHORIZATION AND REQUEST FOR SELF-ADMINISTRATION OF EPIPEN®

ID#	DOB	Grade/School Year
	Phone Number	
	Emergency Contact Pers	con
Duilding		
	(Condition)	
ollowing medication as pr	escribed below during school	
	Time(s) to be Administered	
e Administered		
	has been instructed	d in the use and self-administration
of Medication)		
	rt to school personnel any	unusual side effects. He/she is
	Date Signed	
	Prescribe	er's Emergency Phone
) (Building (Name of ollowing medication as protivity and while under the old of Medication)	Phone Number Emergency Contact Pers Building (Name of Condition) fillowing medication as prescribed below during school tivity and while under the supervision of school person Time(s) to be Administered e Administered has been instructed of Medication) ad the necessity to report to school personnel any