Daily EpiPen Adult to Adult Log

This form must be signed each time the medication is handed from adult to adult

Student Name: _____ DOB: _____ School: _____

ALWAYS <u>check each time</u> you accept the EpiPen: **(DO NOT ACCEPT EpiPen IF BELOW NOT MET)**

1. The name, dose, prescribing physician and instructions on the prescription label must match The Physician Authorization Form that has been signed by the parent.
2. Check the EpiPen for the expiration date. If expired, do not accept the medication.

During school day, the EpiPen is kept:

☐ With the student (in the possession of a trained adult) **<u>or</u>** ☐ in the health room

☐ EpiPen is available for use on the bus ☐ EpiPen is not available for use on the bus

DATE	Initials	DATE	Initials	DATE	Initials	DATE	Initials	DATE	Initials	DATE	Initials

Please print and sign name neatly

Print Name	Signature	Initials	Print Name	Signature	Initials

XED _____