

**Administration of EpiPen/Anakit: Physician's Statement**

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

Dear \_\_\_\_\_  
(Name of Principal)

We are requesting that Epinephrine \_\_\_\_\_  
(EpiPen / Anakit)

be administered to \_\_\_\_\_ in the event of an apparent severe allergic reaction.

**ALLERGY**

Allergy (Types of allergens): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Procedure(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physician=s Signature

\_\_\_\_\_  
Parent/Guardian=s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date