



**GORDON  
COLLEGE**

**PERMISSION TO ADMINISTER EPI-PEN**

I, the undersigned parent or guardian, give permission for the Gordon Camp Health Care Manager or his/her designee to administer epinephrine via the prescribed epi-pen to my child \_\_\_\_\_.  
(Child Name)

I have provided the needed written prescriptions or orders from my physician which state that the child requires the epi-pen for anaphylaxis. My child is incapable of administering the epi-pen him/herself.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed name of Parent or Guardian

\_\_\_\_\_  
Date