Epi-Pen Release Form

This form must be notarized*

I/We _____, hereby give permission for my/our child, _____, to receive epinephrine via an Epi-Pen at Pilmoor Preschool where he/she will be a student this year. I will not hold any staff member or the church Pilmoor UMC accountable/liable for any mishap that may occur while administering this to my child. This permission stands to take effect on the date notarized below and will stay in effect as long as my/our child, _____, is a student at Pilmoor Preschool or until his/her medical needs dictate otherwise and at which time I/we the parents/guardians of said child will notify Pilmoor Preschool immediately of any change.

The signatures below must be signed in the presence of a Notary Public:

_____ _____

Signature of Parent/Legal Guardian *Signature of Parent/Legal Guardian*

Phone Number: _____ *Phone Number:* _____

State of North Carolina, county of _____

Subscribed and sworn to before me this _____ *day of* _____, *20*_____.

My Commission expires _____, *20*_____.

Signature of Notary Public: _____

Revised 20 August 2015