

FENN

Permission to Carry and Self-Administer Epinephrine/Inhaler

Student Name: _____ **Current Grade:** _____ **Date of Birth:** _____

Students diagnosed with life threatening allergies and/or asthma may carry epinephrine and rescue inhalers in their backpacks/sports bags for immediate access via self-administration if needed. By completing this form, you are indicating that the above named student (the "Student") will carry this medication on their person, and you are granting permission for the Student to self-administer the medication if needed.

Type of Medication (Please check one):

1. Epinephrine auto-injector _____
2. Rescue Inhaler _____
3. Both Epinephrine and Rescue Inhaler _____

Medication Information:

1. Medication: _____ Diagnosis: _____
Dosage: _____ Route: _____
Special instructions: _____

2. Medication: _____ Diagnosis: _____
Dosage: _____ Route: _____
Special instructions: _____

Parent/Guardian Acknowledgement:

By signing below, I acknowledge the following:

- The Student understands how to evaluate his health status and determine the necessity of this medication.
- The Student has permission to carry this medication in his backpack and self-administer this medication if needed.
- The Student must inform school personnel immediately if he self-administers this medication.
- The School will call 911 if the Student needs to self-administer/be administered epinephrine.
- The school nurse/designee may administer this medication to the student instead of the Student self-administering the medication.
- The Student will carry his bag with this medication to all activities off campus.
- It is my responsibility to replace expired medication, notify The Health Office immediately if there are changes to the medication by the prescriber, and educate the Student on temperature/storage considerations.

Student Acknowledgement:

By signing below, I acknowledge the following:

- I have reviewed the medication listed on this form with my parent/guardian.
- I am allowed to carry this medication in my backpack and self-administer as needed ONLY for an allergic reaction (epinephrine) or asthma exacerbation (inhaler).
- I have a full understanding of the reasons why/when I need this medication, how to use this medication, and the proper dosage and storage of this medication.
- I will immediately alert school personnel if I need to use this medication and inform them of any health concerns/side effects I am experiencing.
- This medication is for my personal use only, and I will not share it with others.
- I am responsible for having this medication on my person at all times, including for extracurricular/athletic activities off campus.

Required Signatures:

1. Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

2. Student Signature: _____ Date: _____

3. School Nurse Signature: _____ Date: _____

School Nurse Name: _____

In the event of an emergency, please call:

1. Name: _____ Relationship: _____ Tel: _____

2. Name: _____ Relationship: _____ Tel: _____