

# FENN

## Permission to Carry Epinephrine/Inhaler in Backpack

Under Massachusetts Law Chapter 71, Section 54B students diagnosed with life threatening allergies and/or asthma may carry epinephrine and albuterol inhalers in their backpacks/sports bags for immediate access via self-administration if needed. By completing this form you are indicating that your child will carry this medication on their person, and you are granting permission for your child to self-administer the medication if needed.

### Type of medication (Please check one):

1. Epinephrine auto-injector \_\_\_\_\_
2. Albuterol Inhaler \_\_\_\_\_
3. Both epinephrine and albuterol 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:

- My child understands how to evaluate their health status and determine the necessity of this medication.
- My child has permission to carry this medication in their backpack and self-administer this medication if needed.
- My child must inform school personnel immediately if they self-administer this medication.
- 911 will be called if my child needs to self-administer epinephrine.
- The school nurse/designee may administer this medication if my child is unable to do so.
- My child will carry their backpack 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 my son 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 extracurricular/athletic activities off campus.

**Required Signatures:**

1. Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_
2. Student: \_\_\_\_\_ Date: \_\_\_\_\_
3. School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

**In the event of an emergency, please call:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel.: \_\_\_\_\_