

## **EPIPEN SELF-ADMINISTRATION FORM**

A district wide policy has been established by the Wattsburg Area School Board of Education concerning the self-administration of medication to treat severe allergic reactions.

The policy states that the medication prescribed by your doctor for your child must be accompanied by this medication form (see other side) in order that the medication can be self-administered at school.

### **Guidelines**

Before a student may possess or use an Epinephrine Auto-Injector during school hours, the Board shall require the following:

1. A written request from the parent/guardian that the school complies with the order of the physician, certified registered nurse practitioner, or physician assistant.
2. A statement from the parent/guardian acknowledging that the school is not responsible for ensuring the medication is taken and relieving the district and its employees of responsibility for the benefits or consequences of the prescribed medication.
3. A written statement from the physician, certified registered nurse Practitioner, or physician assistant that states:
  - a. Name of the drug.
  - b. Prescribed dosage.
  - c. Times medication is to be taken.
  - d. Length of time medication is prescribed.
  - e. Diagnosis or reason medication is needed.
  - f. Potential serious reaction or side effects of medication.
  - g. Emergency response.
  - h. If child is qualified and able to self-administer the medication.

The student shall be made aware that the Epinephrine Auto-Injector is intended for his/her use only and may not be shared with other students.

The student shall notify the nurse immediately following each use of an Epinephrine Auto-Injector.

Violations of this policy by a student shall result in immediate confiscation of the Epinephrine Auto-Injector medication and loss of privileges.

Permission for possession and use of an Epinephrine Auto-Injector by a student shall be effective for the school year for which it is granted and shall be renewed each subsequent school year.

### **PLEASE SEE IMPORTANT INFORMATION ON OTHER SIDE**

A student whose parent/guardian completes the written requirements for the student to possess an epinephrine auto-injector and self-administer the prescribed medication in the school setting shall demonstrate to the school nurse the capability for self administration and responsible behavior in use of the medication.

The following section is to be completed by the **PARENT/GUARDIAN**:

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

I request that the school complies with the medication order of my child's health care provider and that my child be permitted to self-administer medication for the treatment of severe allergic reaction.

I acknowledge that the school is not responsible for ensuring that the medication is taken and I relieve the school district and its employees of responsibility for the benefits or consequences of the prescribed medication.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

The following section is to be completed by the **Health Care Provider**:

Diagnosis for which medication is to be given: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dose: \_\_\_\_\_

If medication is to be given "when needed", describe indications: \_\_\_\_\_

\_\_\_\_\_

How soon can it be repeated: \_\_\_\_\_

Is child authorized to self medicate? \_\_\_\_\_

Has child been taught proper technique for self medication? \_\_\_\_\_

List significant side effects: \_\_\_\_\_

Length of time this treatment is recommended: \_\_\_\_\_

Other information \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Physician Signature