

**CONSENT FOR STUDENT USE AND POSSESSION
OF EPINEPHRINE AUTO-INJECTOR (EPIPEN, TWINJECT) AT SCHOOL**

Student (print) _____ Grade _____
Allergy _____
Address _____ School _____
Parent/Guardian's Name _____ Address _____
Home Phone Number _____ Work Phone Number _____
Physician's Name _____ Address _____
Physician's Phone Number _____ Fax _____
Name of Medication: _____
Expiration Date of Medication _____
Dosage: _____
Administration Instructions: _____
Time(s) to be given: _____ Termination Date: _____
Reason for medication: _____

Known side effects: A fast/pounding heartbeat, nervousness, sweating, nausea, vomiting, trouble breathing, headache, dizziness, anxiety, shakiness, or pale skin may occur.

- All medications brought to school must be in their original pharmacy labeled containers with a current prescription label attached which includes: name of student, name of drug, effective date, administration instructions, time(s) to be given and prescribing health care provider's name and phone number.
- If an Epinephrine Auto-Injector is administered, by a staff member or student, 9-1-1 will automatically be called.

This form must be completed and returned to school prior to student possession or use of an Epinephrine Auto-Injector at school. If changes occur during the year, please notify the school immediately.

Option #1: During the day, the Epinephrine Auto-Injector is kept in the school health room and is administered by a staff member or used under supervision.

- This medication is used in emergencies to treat very serious allergic reactions.

Option #2: If used during the school day, the student carries the Epinephrine Auto-Injector and may administer it to treat very serious allergic reactions. This option is only available to students who have provided the written permission form(s) to the principal or designee.

- Parent/guardian should consider providing a spare Epinephrine Auto-Injector to be kept for the student in the health room, should one be used or be forgotten.
- Students who carry Epinephrine Auto-Injectors with them at school are expected to abide by the following rules:
 - They should never share the Epinephrine Auto-Injector with another person, and
 - They should alert a staff member and/or go to the health room immediately after self-administering the Epinephrine Auto-Injector as prescribed.

Not abiding by these rules may result in the termination of option #2

**Hamilton School District
Consent for Student Use and Possession of
Epinephrine Auto-Injector at School**

453.4-Exhibit (4)

Please select an option:

_____ Option #1 as described above for my child.

I give my permission for designated school district personnel to administer the Epinephrine Auto-Injector as directed and to contact the student's physician as necessary.

I agree to hold the Hamilton School District employee administering the medication harmless in any claims arising from the administration of this medication at school or during a school sponsored activity.

_____ Option #2 as described above for my child.

I give permission for _____ to carry and self-administer the
(name of child)
Epinephrine Auto-Injector described above at school.

I believe he/she:

- Is able to recognize the symptoms of a serious allergic reaction;
- Is knowledgeable about the correct use of the Epinephrine Auto-Injector;
- Will be able to inject himself/herself in an emergency; and
- Understands that he/she must abide by the rules described above when carrying the Epinephrine Auto-Injector at school.

I will notify the school of changes in medication or my child's condition.

Staff members can be informed about my child's condition in order for my child to receive appropriate care.

I give my permission for school district personnel and to contact the student's physician as necessary.

It is the responsibility of the student's parent/guardian to deliver medication as necessary and appropriate to the school office or health room personnel. All unused medication must be picked up by the parent/guardian within one week of the termination date of administration or on the last day of school, as applicable, unless other arrangements have been made with the school.

Parent/Guardian Signature _____ Date: _____

Physician's Signature _____ Date: _____

Student Signature (18 or older) _____ Date: _____

This form is valid for one school year.

APPROVED:

June 18, 2012

REVIEWED June 15, 2015

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