

PERMISSION TO CARRY ANAPHYLAXIS AUTO INJECTOR

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Purpose of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Times and Circumstances under which medication may be administered:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

I authorize my child to self administer his/her prescription anaphylaxis medication as per doctor's Allergy Action Plan while on school property or at a school-related event or activity. I understand that my child is responsible for the proper handling and carrying of the auto injector and that it must be kept out of the reach of other students at all times. The medication must have a current prescription label indicating that it has been prescribed for my child. My child and I agree to the conditions stated below. Failure to comply will result in this medication being stored in the school clinic.

1. A copy of the doctor's orders and parent permission must be kept on file in the nurse's office.
2. The auto injector or box will have the prescription label on it stating the student's name and directions. If the label is on the box the pen must be carried in the box at all times.
3. If it is necessary for an injection to be administered it will be done in the presence of an adult, when feasible.
4. The nurse will be sent for or the student will be escorted to the clinic immediately after the injection for further medical treatment and observation.
5. Parent and EMS/911 will be notified.
6. Student and parent must agree to be responsible for the proper handling and carrying of the injector pen. It must be kept out of reach of other students at all times.
7. It is advised that a second anaphylaxis auto-injector be kept in the school clinic to facilitate rapid treatment.

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

\_\_\_\_\_  
Printed Parent/ Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Printed Student Name

\_\_\_\_\_  
Date