**OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON**

Parent/Student Agreement for Permission to Carry and/or Self-Administer Prescription Auto-Injectable Epinephrine at School

(Physician must also sign that student should carry Prescription Auto-Injectable Epinephrine at school on the Severe Allergy/Anaphylaxis Action Plan & Treatment Authorization)

**Parent:**

* I give my consent for my child to carry and self-administer his/her Prescription Auto-Injectable Epinephrine.
* I understand that the school or its employees cannot be held responsible for negative outcomes resulting from self-administration of the Prescription Auto-Injectable Epinephrine.
* This permission to possess and self-administer Prescription Auto-Injectable Epinephrine may be revoked by the principal if it is determined that your child is not safely and effectively self-administering the medication.
* A new Severe Allergy/Anaphylaxis Action Plan & Treatment Authorization signed by the physician and Permission to Carry and/or Self-Administer Prescription Auto-Injectable Epinephrine at School must be submitted each school year.
* A 2nd, back-up auto-injector, is advised to be kept in the clinic, in the event the student forgets or does not have their emergency medication. If 2nd auto-injector is not supplied and kept in clinic, complete Appendix F-25.

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Parent/Guardian’s Signature Required Date

**Student:**

* I have demonstrated the correct use of the Prescription Auto-Injectable Epinephrine to the school nurse.
* I agree never to share my Prescription Auto-Injectable Epinephrine with another person or use it in an unsafe manner.
* I agree that if there is no improvement after self-administering the medication, I will report to the school nurse or another appropriate adult if the school nurse is not available or present.

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Student’s Signature Required Date