



HEALTH SERVICES

MELISSA SCHOOLS "A Special Time in a Special Place"

Epinephrine Self Administration Consent

This form, in addition to the Medication Administration Consent Form, is to be completed at the beginning of each school year and kept on file with the School Nurse, if your child has been prescribed anaphylaxis medication for a severe allergy.

Student's Name: _____ Birth Date ____/____/____ Grade _____

This plan is in accordance with the Texas Health and Safety Code, Section 38.015, which allows students to carry and self-administer prescription anaphylaxis medication while on school property or at school related events with permission from the student's physician and parents.

To be filled out by a Provider:

Provider Please Check One:

I have instructed _____ (student name) in the proper way to use his/her anaphylaxis medication. It is my professional opinion that _____ (student name) **should be** allowed to carry and self-administer his/her _____ (Medication, dose, route) while on school property or at school-related events. He/she has demonstrated to have knowledge of the proper use and the skills necessary to self-administer the prescription medication.

It is my professional opinion that _____ (student name) **should NOT be** allowed to carry and self-administer any of his/her anaphylaxis medication while on school property or at school related events. It should be kept in the nurse clinic and be accessible to the student.

Provider: _____ / _____ / _____
Name Signature Date

Office Address: _____ Phone: _____

To be completed by Parent/Guardian:

I permit my child to carry the above listed anaphylaxis medication as ordered by his/her provider. I understand that my child, not the school, is responsible for the storage, possession, and use of this medication. I understand that sharing medication with other students will result in disciplinary action.

Parent/Guardian Signature: _____ Date: _____

To be completed by the Student:

I understand the purpose, appropriate method, and indication for the use of the above listed medication. I understand that I, not the school, am responsible for the storage, possession, and use of the medication. I understand that sharing the medication with other students is potentially dangerous and will result in disciplinary action.

Student Signature: _____ Date: _____

To be completed by School Nurse:

The student has demonstrated the proper use and care of his/her anaphylaxis medication for the campus nurse.

School Nurse Signature: _____ Date: _____

If the student does not follow the above agreement, the privilege of carrying and using his/her medication will be revoked.