



STUDENTS

Employee Administration of Epinephrine by Autoinjector Opt Out Form*

I, _____, an employee of _____ School District, hereby exercise my right to refuse to administer epinephrine by autoinjector to any student under any circumstances pursuant to Chapter 28A.210, RCW. I affirm that I have not agreed in writing to the use of epinephrine autoinjectors as a specific part of my job description. I agree that my refusal does not absolve me from attending any staff trainings regarding anaphylaxis prevention and/or response as required by my supervisor or job description.

I understand that this specific refusal will not serve as grounds for my discharge, contract nonrenewal or any other adverse action affecting my contract status. I further understand that this refusal will remain in effect until the next annual training prior to the start of school, or until I withdraw it in writing, whichever occurs first. I also understand that to continue my refusal, I must sign a new opt-out form each year during annual training prior to the start of school.

Employee Signature and Date

Superintendent/Principal or Designee Signature and Date

School Nurse Signature and Date

cc: Employee file

**It is recommended that the district make this form available to staff each year during annual training prior to the start of school.*

Adopted: February, 2014