

Litchfield Elementary School District #79
Administrative Guidelines

Special Request to Carry and Self-Administer Medication

Auto-Injectable Epinephrine

School: _____

Student Name: _____ Grade: _____ Teacher: _____

Medication Name: _____

Amount to give: _____ Dosage: _____

Doctor's Name: _____ Doctor's Phone #: _____

Per Governing Board Policy JLCD:

- Students who have been diagnosed with anaphylaxis may carry and self-administer emergency medications including auto-injectable epinephrine provided the pupil's name is on the prescription label on the medication container or device and annual written documentation from the pupil's parent or guardian is provided that authorizes possession and self-administration. The student shall notify the school office secretary as soon as practicable following the use of the medication.

Parent/Guardian Initials: _____

- Parent/Guardian acknowledges that the pupil is capable of self-administration of the medications and equipment.

Parent/Guardian Initials: _____

- School administration may revoke rights to carry or self-administer medication if pupil does not exercise safety precautions. A pupil is required to practice proper safety precautions for the handling and disposal of the equipment and medications that the pupil is authorized to use.

Parent/Guardian Initials: _____

My signature denotes that I have read and understand the policy and terms of self-administration and the right to carry medication.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date