SAUK RAPIDS-RICE
PUBLIC SCHOOLS

STORM

A path for every student.

REQUEST FOR SELF-ADMINISTRATION OF EPI PEN/EMERGENCY EPINEPHRINE

I request my child, _____, DOB: _____, to carry and self-administer emergency epinephrine medication during the school day without the supervision of school personnel. The school may contact the below-named health care provider, if needed, regarding this request, the medication or the condition being treated. I understand that 911 will be called at the time of administration of emergency epinephrine.

Parent Signature: **Date:** _____

Health Care Provider's Name: _____

Name of Clinic: **Phone:**

This portion to be completed by your health care provider:

Discussion has taken place with the above-named parent(s) and student regarding the possibility of carrying and self-administering emergency epinephrine without the supervision of school personnel. Please consider special directions that would need to be followed in the school setting to assure the safety needs of this student and other students within the building in your decision. 911 will be called at the time of administration of emergency epinephrine.

Please fill out the following information regarding the request for self-administration if you feel this is safe and appropriate for this student.

I do <u>not</u> authorize carrying or self-administration of the below medication without the supervision of school personnel.

I do authorize carrying and self-administration of the below medication without the supervision of school personnel.

Medication: **Dosage/Route:**

Time/Frequency:

Special Directions:

_____

Health Care Provider's Signature **Date** _____

_____ _____

School Nurse **Date**

In accordance with MN Statutes, 121A.22, 121A.2205, 121A.221, the licensed school nurse will evaluate the student's technique and assess the student's ability to safely carry and self-administer the medication. This request may be denied if proper procedures and handling of medication are not carried out. Inappropriate handling or use of medication will be reported to school administration, parents and health care provider.

School Nurse **LSN Assessment Date**

This permission expires at the end of the current school year.

Health Services | Sauk Rapids-Rice Public Schools | ISD47 | 1835 Osauka Road NE, Sauk Rapids, MN 56379
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