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**Note:** Samples regarding Request for Administration of Medication at School and Self-Medication Authorization Form can be found in the Texas Department of State Health Services' (TDSHS) [Guide to Medication Administration in the School Setting](#).<sup>1</sup>

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<sup>1</sup> TDSHS Guide to Medication Administration in the School Setting:  
<https://www.dshs.texas.gov/schoolhealth/schnurs.shtm>



## Exhibit A—Authorization to Secure Emergency Medical Treatment of a Student

*(Please print.)*

Student's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Grade: \_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Work phone number: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Mobile phone number: \_\_\_\_\_

### Local person to contact if parent or guardian cannot be reached

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

### Student's physician or other preferred health-care provider

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

### Student's dentist

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

### Medications or drugs to which the student has had an allergic or adverse reaction

\_\_\_\_\_  
\_\_\_\_\_

### Part 1

I hereby authorize the Superintendent of Rockdale Independent School District or a designated representative to secure any and all emergency medical care and treatment for \_\_\_\_\_ (*student's name*) for acute illness suffered, injury sustained, or other situation requiring emergency medical treatment while at school or participating in school-related activities. I prefer that emergency treatment be secured at

\_\_\_\_\_ (name of preferred medical facility). The District may use another licensed hospital, clinic, or medical facility, if necessary.

I understand that cost of services provided by ambulance, private physician, clinic, hospital, or dentist remains the responsibility of the parent or guardian and will not be assumed by the District or any of its officers or employees.

(Check one)

I do have medical insurance coverage on my child with:

\_\_\_\_\_

I do not have medical insurance coverage on my child.

Parent's or guardian's signature: \_\_\_\_\_

Date: \_\_\_\_\_

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***[Include this section only if the District's policy permits.]***

**Part 2**

This is to certify that I authorize the Superintendent of Rockdale Independent School District or a designated representative to provide and administer to \_\_\_\_\_ (student's name):

(Check all that apply.)

- Tylenol (or generic acetaminophen) if he or she has a temperature of 101 or higher;
- Benadryl (or generic antihistamine) if he or she experiences a local or systemic allergic reaction such as hives, welts, severe swelling, generalized itching, or tingling of the mouth or throat; or
- Other: \_\_\_\_\_

I understand that the District will attempt to contact me as soon as possible if such action is necessary.

Parent's or guardian's signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Copies of this authorization may be presented to the admissions office of a hospital or clinic or to a physician or dentist. Other distribution will occur only within the limitations of the Family Educational Rights and Privacy Act.*

## Exhibit B—Notice to Parent or Guardian for Emergency Administration of Unassigned Epinephrine Auto-Injectors

**Note to administrator:** This notice must be sent to each parent or guardian before a policy authorizing trained individuals to administer District-provided, unassigned epinephrine auto-injectors is implemented by the District, and before the start of each school year. Coordinate this notice with Board policy. [See FFAC(LOCAL)]

\_\_\_\_\_ (date)

Dear parent or guardian:

In accordance with Chapter 38, Subchapter E of the Education Code, the Board of Rockdale Independent School District has adopted a policy to allow authorized school personnel who have been adequately trained to administer an unassigned epinephrine auto-injector to a person who is reasonably believed to be experiencing an anaphylactic reaction.

Authorized and trained individuals may administer an epinephrine auto-injector at any time to a person experiencing anaphylaxis on a school campus.

The District will ensure that at each campus a sufficient number of school personnel and volunteers are trained to administer epinephrine so that at least one trained individual is present on campus during regular school hours and whenever school personnel are physically on site for school-sponsored activities.

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Authorized and trained individuals may administer an unassigned epinephrine auto-injector to a person experiencing anaphylaxis (*at an off-campus school event or while in transit to or from a school event*) when an unassigned epinephrine auto-injector is available.

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If you have any questions regarding this notice, please feel free to call Keri Spence at 512-430-6200.

Sincerely,

*Denise Monzingo*

\_\_\_\_\_  
Superintendent

**Exhibit C—Notice to Parent of Change or Discontinuation of the  
Emergency Administration of Unassigned  
Epinephrine Auto-Injectors**

**Note to administrator:** A notice, written or electronic, must be sent to each parent or guardian within 15 calendar days of the District discontinuing or changing its policy regarding unassigned epinephrine auto-injectors. Coordinate this notice with Board policy. [See FFAC(LOCAL)]

\_\_\_\_\_ (date)

Dear parent or guardian:

25 Texas Administrative Code 37.609 requires the Board of Rockdale Independent School District to notify parents upon \_\_\_\_\_ (*changing or discontinuing*) the District policy on the maintenance, administration, and disposal of unassigned epinephrine auto-injectors. Effective \_\_\_\_\_ (*insert date of policy change or discontinuation*), the District \_\_\_\_\_ (*will no longer permit authorized and trained individuals to administer unassigned epinephrine auto-injectors or [describe policy change]*).

If you have any questions regarding this notice, please call \_\_\_\_\_  
(*name of District epinephrine coordinator*) at \_\_\_\_\_ (*telephone number*).

Sincerely,

\_\_\_\_\_  
Superintendent

## **Exhibit D—Training Documentation on Emergency Administration of Epinephrine Auto-Injectors**

In accordance with state law, I have received the following required annual training:

*(Check all that apply.)*

### **Type of training**

- Formal/In-person training
- Online training

### **Initial or refresher training**

- Initial training, including hands-on training with an epinephrine auto-injector trainer
- Annual refresher training, including hands-on demonstration of administration skills

### **Subjects covered in training**

- Recognizing the signs and symptoms of anaphylaxis;
- Administering an epinephrine auto-injector;
- Implementing emergency procedures, including prompt notification of local emergency medical services;
- Notifying parents or legal guardians, and other authorities after administering an epinephrine auto-injector;
- Properly inspecting epinephrine auto-injectors for usage and expiration; and
- Properly disposing of used or expired epinephrine auto-injectors.

*(Please print.)*

Name of person trained: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Date of training: \_\_\_\_\_

Number of hours trained: \_\_\_\_\_

Name of person/entity that provided training: \_\_\_\_\_

Signature of person trained: \_\_\_\_\_

Signature of trainer *(in-person training only)*: \_\_\_\_\_

*(If training was taken online, please attach a certificate of training completion.)*

Return the completed form to Keari Spence, District RN. [See FFAC(REGULATION)]

## **Exhibit E—Agreement to Administer Unassigned Epinephrine Auto-Injector**

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**Note:** In accordance with Section 37.606(c) of the Texas Administration Code, trained school personnel or school volunteers who administer an unassigned epinephrine auto-injector must submit a signed statement indicating that they agree to perform the service of administering an unassigned epinephrine auto-injector to a student or individual who may be experiencing anaphylaxis.

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In accordance with state law, I agree to perform the service of administering an unassigned epinephrine auto-injector to a student or individual who may be experiencing anaphylaxis.

I understand that I must also submit documentation of training on emergency administration of epinephrine auto-injectors.

*(Please print.)*

Name of person: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Date: \_\_\_\_\_



## Exhibit F—Epinephrine Auto-Injector Administration Reporting Form

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**Note:** In accordance with Section 38.209 of the Texas Education Code, the school campus will report the following information to the District office, the physician or other person who prescribed the epinephrine auto-injector, and the commissioner of state health services not later than the tenth business day after the date school personnel or a school volunteer administers an epinephrine auto-injector.

This form is designed to report the use of an epinephrine auto-injector to the District office and the physician or other person who prescribed the unassigned epinephrine auto-injector.

The Texas Department of State Health Services ([TDSHS](#)) form<sup>1</sup> can be completed and submitted electronically to meet the requirements of reporting to the commissioner of state health services.

In addition, the District requires a person who administers an epinephrine auto-injector to meet with the District's epinephrine coordinator within five days of administration to document needed information for the TDSHS electronic submission form.

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### Recipient information

Person who received the unassigned epinephrine auto-injector injection:

(Check one.)

- Student
- School personnel or school volunteer
- Visitor

Age of person who received the unassigned epinephrine auto-injector injection: \_\_\_\_\_

### Location and dosage information

Physical location of where the injection was administered (*examples: cafeteria, football field, school bus, and the like*):

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Number of doses administered: (*one dose = one epinephrine auto-injector*): \_\_\_\_\_

Type of dosage administered:

- Child dose
- Adult dose

## Other information

Date administered: \_\_\_\_\_

Title of the person who administered the injection (*example: teacher, librarian, basketball coach, school volunteer, and the like*):

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Did the person who received the epinephrine auto-injector injection have a known history of anaphylaxis or allergies requiring epinephrine auto-injectors?

- Yes
- No
- Unknown

Was the school's unassigned epinephrine auto-injector utilized?

- Yes
- No

Was the individual who received the epinephrine auto-injector injection transported to local emergency medical services?

- Yes
- No

## Symptom information

### Respiratory

- Wheezing or coughing
- Trouble breathing or shortness of breath
- Tightness in throat or chest
- Tingling or numbing sensation
- N/A (no respiratory symptoms)

### Skin

- Rash
- Hives
- Itchiness
- N/A (no skin symptoms)

### Gastrointestinal

- Cramps
- Diarrhea
- Vomiting

- N/A (no gastrointestinal symptoms)

**Central nervous system**

- Headache  
 Swelling of lips, tongue, or throat  
 Loss of consciousness  
 Anxiety  
 N/A (no central nervous system symptoms)

**Cardiovascular system**

- Dizziness or lightheadedness  
 Rapid pulse  
 Low blood pressure  
 N/A (no cardiovascular symptoms)

**Other**

- Please list signs or symptoms not listed above, if applicable:

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**Suspected cause**

Please indicate the suspected cause or trigger of the anaphylaxis:

- Food  
 Latex  
 Insect sting or bite  
 Medication  
 Unknown  
 Other

If "Other," please explain:

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<sup>1</sup> Electronic Submission Form for Required Reporting of Administered Epinephrine Auto-Injectors to TDSHS: <https://www.dshs.texas.gov/schoolhealth/forms/ReportingForm-Epinephrine.aspx>



## Exhibit H—Notice Seeking Volunteers to be Trained to Administer Unassigned Epinephrine Auto-Injectors

**Note to administrator:** In a district that has adopted an epinephrine auto-injector policy, a campus principal may seek school personnel or school volunteers who volunteer to be trained to administer unassigned epinephrine auto-injectors. The campus principal may distribute at least once a year a notice seeking volunteers and describing the training volunteers will receive. The campus principal should consult FFAC(LOCAL) in adapting this notice.

The Board of Rockdale Independent School District has adopted a local policy allowing trained school personnel to administer an unassigned epinephrine auto-injector, in accordance with law and District policy, when a person is reasonably believed to be experiencing anaphylaxis. The District will ensure that at each campus a sufficient number of personnel are trained to administer epinephrine so that at least one trained individual is present on campus during regular on-campus school hours and whenever school personnel are physically on site for school-sponsored activities.

School personnel who volunteer for this service will attend and complete training and will submit a signed statement indicating that they agree to perform the service of administering an unassigned epinephrine auto-injector to a student or individual who may be experiencing anaphylaxis.

***[Describe the training school personnel (and, if appropriate, school volunteers) will receive. Be sure to address dates and times of training, the training provider, and method of training—on site or online.]***

Subjects covered in training will include:

- Recognizing the signs and symptoms of anaphylaxis;
- Administering an epinephrine auto-injector;
- Implementing emergency procedures;
- Notifying local emergency medical services, parents or legal guardians, and other authorities after administering an epinephrine auto-injector; and
- Other items related to the maintenance and administration of epinephrine auto-injectors.

Initial training will include hands-on training with an epinephrine auto-injector trainer and annual refresher training will include hands-on demonstration of administration skills.

A person who in good faith takes, or fails to take, any action regarding administration of an unassigned epinephrine auto-injector is immune from civil or criminal liability or disciplinary action resulting from that action or failure to act.

Schools who are interested in volunteering should contact me for more information.

Campus principal: \_\_\_\_\_

WELLNESS AND HEALTH SERVICES  
MEDICAL TREATMENT

FFAC  
(EXHIBIT)

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

## Exhibit I—Parent Permission for School Nurse to Administer Prescription Asthma Medication

**Note to administrator:** State law provides that a school nurse may administer unassigned prescription asthma medication to a student at a campus only if the parent or guardian has provided written notification that the student has a diagnosis of asthma and the parent has provided written permission for administration of such medication. [See FFAC(LEGAL)]

\_\_\_\_\_ (date)

I, \_\_\_\_\_ (parent), give permission for my child, \_\_\_\_\_ (student's name), who has been diagnosed with asthma, to be administered unassigned prescription asthma medication by the school nurse at a school campus in accordance with the District's procedures.

I have attached my child's asthma diagnosis.

If I wish to revoke permission for the school nurse to administer unassigned prescription asthma medication to my child, I will provide written notification to the school nurse.

Parent's name: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's contact information: \_\_\_\_\_

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### **For Office Use Only**

**[Must be received by the school nurse.]**

Date received: \_\_\_\_\_

Received by: \_\_\_\_\_

Approved

Denied

Reasons, if denied:

\_\_\_\_\_  
\_\_\_\_\_

## Exhibit J—Notice to Parent or Guardian for Administration of Unassigned Prescription Asthma Medication

**Note to administrator:** If the Board has authorized a school nurse to administer District-provided, unassigned prescription asthma medication to a student who meets legal requirements, the District must provide notice to each parent or guardian before the policy is implemented by the District and before the start of each school year. Coordinate this notice with Board policy. [See FFAC(LOCAL)]

\_\_\_\_\_ (date)

Dear parent or guardian:

In accordance with Chapter 38, Subchapter E of the Education Code, the Board of Rockdale Independent School District has adopted a policy to allow a school nurse to administer an unassigned prescription asthma medication to a student with diagnosed asthma if the nurse, in his or her professional judgment, reasonably believes the student is experiencing symptoms of asthma that warrant administration of the medication and the District has obtained prior written consent from the student's parent or guardian.

The school nurse may only administer unassigned prescription asthma medication to a student on a school campus. Please be aware that a school nurse will not always be available at a campus to administer this medication.

If you have any questions regarding this notice, please feel free to call \_\_\_\_\_  
(campus administrator or school nurse) at \_\_\_\_\_ (telephone number).

Sincerely,

\_\_\_\_\_  
Superintendent



## Exhibit K—Notice to Parent of Change or Discontinuation of the Administration of Unassigned Prescription Asthma Medication

**Note to administrator:** A notice, written or electronic, should be sent to each parent or guardian within 15 calendar days of the District discontinuing or changing its policy regarding the school nurse administering unassigned prescription asthma medication. Coordinate this notice with Board policy. [See FFAC(LOCAL)]

\_\_\_\_\_ (date)

Dear parent or guardian:

Effective \_\_\_\_\_ (insert date of policy change or discontinuation), the District \_\_\_\_\_ (will no longer permit a school nurse to administer unassigned prescription asthma medication to students OR describe policy change).

If you have any questions regarding this notice, please call \_\_\_\_\_ (campus administrator or school nurse) at \_\_\_\_\_ (telephone number).

Sincerely,

\_\_\_\_\_  
Superintendent

## Exhibit L—Inventory: Unassigned Prescription Asthma Medication

**Note:** School nurses will check the inventory of unassigned prescription asthma medication monthly for expiration and replacement in accordance with the District’s administrative regulations and indicate the physical and secure location of each unassigned prescription asthma medication under the school nurse’s control.

The District requires school nurses to check the inventory and expiration dates for unassigned prescription asthma medication every month. ***[Use the sample below.]***

<b>Inventory Verified (date and initial)</b>	<b>General Location</b>	<b>Prescription Number</b>	<b>Secure Location</b>	<b>Expiration Date</b>	<b>Date Used</b>	<b>Date Disposed</b>