

# MONTROSE AREA SCHOOL DISTRICT

Lathrop Street Elementary School  
130 Lathrop Street  
Montrose, PA 18801-1197  
Phone: 570-278-0310  
Fax: 570-278-4799

Choconut Valley Elementary School  
4458 Stanley Lake Road  
Friendsville, PA 18818-9610  
Phone: 570-278-7300  
Fax: 570-553-2738



Junior-Senior High School  
75 Meteor Way  
Montrose, PA 18801-9507  
Phone: 570-278-3731  
Fax: 570-278-6290

Administrative Offices  
273 Meteor Way  
Montrose, PA 18801-9507  
Phone: 570-278-3731  
Fax: 570-278-4798

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## Information About Emergency Epinephrine Administration

Dear Parents/Guardians:

In accordance with the Pennsylvania Public School Code provisions on “School Access to Emergency Epinephrine” and Board Policy 210.1, the Montrose Area School District maintains a stock supply of epinephrine auto-injectors in each school building (stock epinephrine auto-injectors). An auto-injector prefilled with epinephrine is the drug of choice used for the emergency treatment of severe allergic reactions (anaphylaxis) to insect stings or bites, foods, drugs, and other allergens. If your child has been diagnosed with an allergy or health condition that requires use of epinephrine, it is still your responsibility to provide your child’s prescribed medication to the school nurse.

The law and Board Policy 210.1 give trained school employees the authority to administer epinephrine to any student whom they believe in good faith is experiencing anaphylaxis. In the event that a student who does not have epinephrine is experiencing an anaphylactic reaction, a trained school employee may use the stock epinephrine auto-injector in accordance with the standing order issued by the school physician or provide the student with a stock epinephrine auto-injector for self-administration.

By law, the Montrose Area School District is required to notify parents/guardians of their ability to exempt their children from emergency administration of stock epinephrine auto-injectors.

Please complete the attached form (Refusal to Permit Administration of Stock Epinephrine for Emergency First Aid) and return it to your child’s school, if you **DO NOT** want a trained school employee to:

- Administer a stock epinephrine auto-injector to your child if s/he is believed to be experiencing a life-threatening allergic reaction (anaphylaxis); or
- Provide a stock epinephrine auto-injector for self-administration if your child is authorized to self-administer.

The refusal is valid for the 2018-2019 school year. If you change your mind after submitting the attached form, you must submit a written request notifying the school nurse that your prior refusal to permit administration of stock epinephrine for emergency first aid is revoked.

If you have questions or concerns, please contact your school nurse.

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## Refusal to Permit Administration of Stock Epinephrine for Emergency First Aid

I, \_\_\_\_\_, acknowledge that I have received a copy of Policy 210.1 on Epinephrine Auto-Injectors and this informational document; I have read and fully understand their content; and by signing this form, I refuse to permit a trained school employee to: administer a stock epinephrine auto-injector to my child in the event that s/he is believed to be experiencing a life-threatening allergic reaction (anaphylaxis); or to provide a stock epinephrine auto-injector for self-administration if my child is authorized to self-administer.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
School/Teacher

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

The refusal is valid for the 2018-2019 school year. If you change your mind after submitting the attached form, you must submit a written request notifying the school nurse that your prior refusal to permit administration of stock epinephrine for emergency first aid is revoked.

Please return the completed form to your child's school nurse. The school nurse shall maintain the completed form in the student's health records file.

{ } Verification

This signed exemption form has been verified by contacting the above named parent/guardian by phone:

\_\_\_\_\_  
School Nurse or Designee Signature

\_\_\_\_\_  
Date