STUDENT WITH PEANUT AND OTHER ALLERGY --
SELF ADMINISTRATION WITH EPI PEN OR OTHER MEDICATIONS

Student Name: _____ ID: _____ Birth Date _____
Campus: _____ Grade: _____
Teacher: _____

Medication administered to a student at school shall be under the supervision of an appointed school employee or the student's parent/guardian. However, a student may maintain obsession of prescribed medication for allergy related conditions and self administer the medication only with formal requests of the student's physician and parent/guardian, and assessment of proper use and care of his/her prescribed medication by the school nurse.

Statement of Physician:
I have determined the above named student should always have the following specific medication _____ (injectable or oral allergy medication for use during emergency reaction) personally available always while at school with other personal items I have instructed the student in proper disposal of needles. I have explained state and federal laws and regulations regarding potential blood exposure to classmates and/or school personnel and I have determined that the student has the maturity level and is responsible to properly maintain all supplies, appropriate and proper use of the medication.
Physician's signature_____ Date_____

Statement of Parent/Guardian:
I have determined that my student has received and understands the instructions on the proper use of above named medication. I further declare he/she is capable and trustworthy to be responsible in the appropriate and proper use of the medication, and will always not abuse the right to have the medication in his/her possession. I understand that my student, not the school is responsible for the storage, possession, and use of above-named medication. I also understand that unauthorized use will result in the medication being stored in the school health office and administered according to the Administrative Regulation FFAC**,** and that sharing medication with other students is potentially dangerous and will result in disciplinary action.
Parent/Guardian signature_____ Date_____

Statement of Student:
I understand the purpose, appropriate method, and frequency of use of this inhaler. I understand that I, not the school, am responsible for the storage, possession, and use of the inhaler. I understand that sharing medication with other students is potentially dangerous and will result in disciplinary action.
Student signature: _____ Date: _____

Statement of Nurse:
The above-named student has demonstrated the proper use and care of his/her above-named medication for the campus nurse.

School Nurse signature: _____ Date: _____