



Grove City Area School District

511 Highland Avenue, Grove City, PA 16127 Phone: 724-458-6733 FAX: 724 458-5868

December 2018

Information About Emergency Epinephrine Administration

Dear Parents/Guardians:

In accordance with the Pennsylvania Public School Code provisions of "School Access to Emergency Epinephrine" and Board Policy 210.1, the Grove City Area School District maintains a stock supply of epinephrine auto-injectors in each school building. 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. If a student who does not have epinephrine and 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 Grove City 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 _____ 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 any questions or concerns, please contact your child's school nurse, Mrs. Cheryl Mckee, at 724-458-5456 or cheryl.mckee@gcasdk12.org.

**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 provide a stock epinephrine auto-injector for self-administration if my child is authorized to self-administer.

Child's Name

Grade

Teacher

Parent/Guardian Signature

Date

Phone Number

The refusal is valid for the _____ 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 Name

School Nurse or Designee Signature

Date