

**PENNSAUKEN PUBLIC SCHOOLS  
SPECIAL SERVICES DEPARTMENT**

Dear Parent / Guardian:

You have requested that your child be approved by your physician to carry his or her own epinephrine auto-injector to be used in the event of an anaphylactic reaction. Please read the following requirements for this approval and share them with your child's physician.

1. Have the "Request for Self-Administration" form completed by your physician.
2. Sign the parent permission and liability release portions of the form.
3. Obtain a second epinephrine auto-injector from your pharmacy or physician. This duplicate auto-injector must be kept in the Health Office in case your child needs medication and has forgotten it or the medication is not readily available at the time it is needed. This requirement is for the health and safety of your child.
4. Explain to your child the responsibilities involved with carrying this medication. If your child uses this medication, the nurse will be contacted immediately and 9-1-1 will be called for transport to the emergency room.

Please be reminded that all of these procedures must be completed prior to approval of self administration of medication. If problems arise with this procedure after approval has been given, you and your physician will be contacted to determine alternative methods of delivery of this medication.

If you have any questions, feel free to call me at the Health Office.

Sincerely,

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School Nurse

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Date