Authorization for Self-carry/Administration of Epinephrine Auto-injector During and After School Sponsored Activities

In accordance with Texas Education Code Chapter 38, Section 38.015 states that a "student with asthma or anaphylaxis is entitled to possess and self-administer prescription asthma or anaphylaxis medicine while on school property or at a school-related event or activity if certain guidelines are met.

Student_____ DOB _____ Grade_____

School _____

Medication: Epinephrine Auto-Injector Dose _____ Administer by: Auto-Injection

Diagnosis _____

Duration (dates) of Administration: From _____ to _____ (Limit: One year).

I request that my child be allowed to carry/self-administer his/her Epinephrine Auto Injector medication and be responsible for its proper storage and use. I take responsibility for this permission. I understand that this medication must be in the original pharmacy container, labeled with name of student. I will support my child to follow the above agreement and if she/he does not, I will be contacted and we will develop a new plan.

_____ _____ _____

Parent/Guardian Date Daytime Telephone Number

I agree to terms of this contract. I will keep my Epinephrine auto injector medication in agreed location, will not share this medication with others, and will notify school authorities if I need to administer the medication.

_____ _____

Student Date

I authorize this student to carry/self-administer the above medication. He/she has been trained to recognize signs/symptoms of anaphylaxis and how to correctly use the auto-injector by trained personal.

_____

Physician's Name/Stamp

_____ _____

Physician's Signature Date

☐ Extra epinephrine auto-injector in Clinic/Health Room ☐ Original in Clinic/Health Room ☐ Copy to Student