Annual Notice and Volunteer Agreement to Administer Epinephrine Auto-Injectors

TO:	**School Site Employees**
FROM:	**Anne Siri, HR Director**
SUBJECT:	**Annual Notice and Volunteer Agreement Form to Administer Epinephrine Auto-Injectors**
DATE:	**July 15, 2026**

Pursuant to Education Code Section 49414, school districts, including the Aromas - San Juan Unified School District (District), are required to provide emergency epinephrine auto-injectors ("Epi-Pens") to school nurses and trained personnel at all school sites. This form requests volunteers to be trained to administer an epinephrine auto-injector to a person if the person is suffering, or reasonably believed to be suffering, from an anaphylactic reaction. Anaphylaxis is a severe allergic reaction which can occur after exposure to an allergen, an insect sting, drug reaction or even after exercise.

The training provided shall be consistent with the most recent guidelines for medication administration issued by the California Department of Education and the federal Centers for Disease Control and Prevention. An employee who volunteers pursuant to this section shall not be required to administer an emergency epinephrine auto-injector until completion of the required training, and documentation of completion is recorded in his or her personnel file.

The Trainings Provided to Volunteers Shall Include:

- Techniques for recognizing symptoms of anaphylaxis.
- Standards and procedures for the storage, restocking, and emergency use of epinephrine auto-injectors.
- Basic emergency follow-up procedures, including calling the emergency 911 telephone number and contacting, if possible, the pupil's parent and physician.
- Recommendations on the necessity of instruction and certification in cardiopulmonary resuscitation.
- Instruction on how to determine whether to use an adult epinephrine auto-injector or a junior epinephrine auto-injector, which shall include consideration of a pupil's grade level or age as a guideline of equivalency for the appropriate pupil weight determination.
- Written materials covering the information required under this subdivision.

Voluntary Nature. The employee agreeing to be trained to administer emergency epinephrine auto-injectors is doing so completely voluntarily. If you do choose to volunteer, you may rescind your offer to administer emergency epinephrine auto-injectors at any time, including after receipt of training, without retaliation for doing so.

Rescission. Any employee who volunteers may rescind his or her offer to administer epinephrine auto-injectors at any time by submitting the written statement below to your site administrator:

I wish to **rescind** my offer to administer epinephrine auto-injectors:

Sign here: _____ Date: _____

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District Provided Defense and Indemnification. Pursuant to Ed. Code 49414, and District Board Policies and Administrative Regulations 5141 and 5141.21, District shall ensure that each employee who volunteers under this section will be provided defense and indemnification by the school district, for any and all civil liability, in accordance with, but not limited to, that provided in Division 3.6 (commencing with Section 810) of Title 1 of the Government Code. An Indemnity Acknowledgment shall be provided to the volunteer and retained in the volunteer's personnel file.

I, _____ hereby acknowledge that I have been provided with the above information by the Aromas - San Juan Unified School District regarding volunteering to receive training for, and to administer, epinephrine auto-injectors to a student in need of such when a school nurse is not available.

Consent to Volunteer to Administer Epinephrine. By signing below, I consent to being identified as a volunteer and to be trained to administer Epinephrine auto-injectors.

Employee Signature: _____Date:_____

Employee Name: _____

Employee Title:_____Location/Classroom_____

School Name:_____

This agreement will remain in effect until July 31st, 2024 unless rescinded above. Once completed, please submit to your site administrator.

Training

Trained by: _____on _____.
(School Nurse's Name) *(Date)*

Completed Form Distribution:

☐ Employee who is Volunteering ☐ Employee's Personnel File

☐ Human Resources