

FANNIN COUNTY BOARD OF EDUCATION

Fannin County Schools Staff Development Center

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Written Authorization for Self-Administration of EpiPen[®], EpiPenJr.[®] or other epinephrine auto-injectors by Minor Children at School

Student Name: _____ Date of Birth: _____ Grade: _____

I, _____, Parent/Legal Guardian of the above-named student hereby request authorization for self-administration and possession of EpiPen[®] and EpiPenJr.[®] or other epinephrine auto-injectors by this student while in school, at a school-sponsored activity, while under supervision of school personnel, and while in before-school or after-school care on school-operated property. The student demonstrates full understanding of the proper use of his/her allergy medication.

I understand that:

- the school district and its employees and agents shall incur no liability for: a) any injury to the student caused by his or her self-administration of medication except for injury caused by willful or wanton misconduct; b) the student's use, misuse, overuse, or neglected or failed use of his/ her allergy medication; and c) lost, misplaced, outdated, inaccessible, empty, or faulty allergy medication and allergy devices.
- the school may choose to require supervision of medication administration in the event that the student does not demonstrate appropriate use or proper technique with allergy medication.
- the school has the authority to enforce rules and consequences for inappropriate behavior demonstrated by the student in association with the possession and/or self-administration of allergy medication, and that the school has the authority to require supervision of medication use as deemed appropriate for the safety of all students and staff.

I take sole responsibility for:

- the monitoring of allergy medication, medication use, and refilling of prescriptions for allergy medication as the school will not be responsible for the supervising, recording, and monitoring of self-administered allergy medication.
- ensuring the student always carries his/her allergy medication on his/her person.
- deciding if back-up medication will be kept at the school and providing the school with the back-up medication.
- informing school staff in writing of any changes in the student's treatment or allergy management.
- informing the school of any allergy exacerbations, hospital visits, and/or new or changed student medical information.
- informing school staff in writing of any medication side effects that warrant communication to the parent/guardian.
- coordinating distribution of the student's allergy management and emergency plan to school staff (school health worker, teachers, physical educators, coaches, bus driver, before-school and after-school staff).

I understand and agree to the conditions of the school system policy. I permit the school to seek emergency medical treatment for the student when deemed necessary and appropriate. I accept legal responsibility should the medication be misused or given or taken by a person other than the above-named student. I release the School System and its employees and agents of any legal responsibility related to the above-named student's possession and self-administration of his/ her allergy medication.

Parent/Legal Guardian Signature

Date

I, _____, the above-named student have been instructed in the proper use of my prescription allergy medication and fully understand how and when to use this medication. I will always carry my medication with me and will not allow another student to use my medication under any circumstance. I understand and agree to the terms of the school policy.

Student's Signature

Date

The above-named student has been instructed and demonstrates understanding of the proper use of his/her allergy medication. It is my professional opinion that the student be permitted to carry and self-administer his/her allergy medication. I have provided the parent/guardian with a written allergy emergency/management plan including the name, purpose, dosage, and administration directions of the allergy medication.

Healthcare Provider Signature

Date

The Fannin County School System does not discriminate on the basis of race, color, national origin, sex, age, religion, creed, or disability in admission to its programs, services, and activities, in access to them, in treatment of individuals, or in any aspect of operations. This also includes but is not limited to additions, modifications, or alterations to the physical plan of any school facility.