

**Parent Section**  
**Individual Considerations**  
(to be completed by parent/guardian)

**Bus**

**Transportation will be alerted to student's allergy by the parent.**

- This student carries EpiPen on bus:  Yes  No
- EpiPen can be found in:  backpack  waist pack  other (specify) \_\_\_\_\_

**Field Trip Procedures**

**EpiPen should accompany student during any off campus activities.**

- The student should remain with an adult during the entire field trip.  Yes  No
- Other (specify) \_\_\_\_\_

**Classroom**

**This student is allowed to eat only the following foods:**

- Those approved by parent
- Middle school or high school student will be making his/her own decision.
- Alternative snacks will be provided by parent/guardian to be kept in the classroom.
- Parent/guardian should be advised of any planned parties as early as possible.
- Classroom projects should be reviewed by the parent and the teaching staff.
- Student should have someone accompany him/her in hallways.  Yes  No
- Other (specify) \_\_\_\_\_

**Cafeteria**

- Student will sit at a specified allergy table.
- Student will sit at the classroom table at a specified location.
- Cafeteria manager and attendant will be alerted to the student's allergy (attendant in elementary level only).
- No restrictions.**
- *In the absence of the nurse, Parent/Guardian signature gives permission for principal or designee to administer prescribed medicine and gives principal or designee permission to contact physician if necessary.*
- *For student to carry an EpiPen, parent/guardian and student must complete and sign the Agreement for Permission to Carry that follows.*
- *A copy of the Health Care Plan will be kept in the health book and given to all staff members who are involved with the student.*
- *I give my permission for this information to be shared with the school cafeteria staff and in the classroom.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Number of EpiPens received:  1  2  3

By: \_\_\_\_\_

\_\_\_\_\_  
Name of Staff

**If EpiPen is Given:**

- **Lay student flat, ELEVATE LEGS**
  - **Do not move student**
    - **Call 911**



## Parent and Student Agreement for Permission to Self-Administer and/or Carry Epinephrine

Student's Name

Grade

*(EpiPen box must be labeled by the pharmacy with student's name, physician, and directions)*

**Parent:**

- ° I give my consent for my child to self-administer and/or carry his/her auto-injector of Epinephrine. I understand that only pre-measured doses of Epinephrine may be given at school.
- ° I understand that the school board or its employees cannot be held responsible for negative outcomes resulting from self-administration of Epinephrine.
- ° This permission to self-administer and/or possess Epinephrine may be revoked by the principal if it is determined that my child is not safely and effectively carrying and/or self-administering the medication.
- ° Authorizations to carry and/or self-administer Epinephrine must be submitted each school year.

Parent/Guardian's Signature Required

Date

**Student:**

- ° If I am to self-administer, I have demonstrated the correct use of an auto-injector of Epinephrine to the school nurse and my physician.
- ° I agree never to share my Epinephrine with another person or to use it in an unsafe manner.
- ° I agree that if I inject Epinephrine, I will immediately report it to the school nurse or another appropriate adult if the nurse is not available so that EMS/911 is called.

Student's Signature Required

Date

**FOODS & OTHER ALLERGENS TO BE AVOIDED COMPLETELY (Parent please list):**


**FOR OFFICE USE ONLY**

**Lunch Time:**

**EpiPen Stored:**

Place student photo here