

**OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON**  
**Parent/Student Agreement for Permission to Carry and/or Self-Administer Prescription Auto-Injectable Epinephrine at School**

(Physician must also sign that student should carry Prescription Auto-Injectable Epinephrine at school on the Severe Allergy/Anaphylaxis Action Plan & Treatment Authorization)

**Parent:**

- I give my consent for my child to carry and self-administer his/her Prescription Auto-Injectable Epinephrine.
- I understand that the school or its employees cannot be held responsible for negative outcomes resulting from self-administration of the Prescription Auto-Injectable Epinephrine.
- This permission to possess and self-administer Prescription Auto-Injectable Epinephrine may be revoked by the principal if it is determined that your child is not safely and effectively self-administering the medication.
- A new Severe Allergy/Anaphylaxis Action Plan & Treatment Authorization signed by the physician and Permission to Carry and/or Self-Administer Prescription Auto-Injectable Epinephrine at School must be submitted each school year.
- A 2<sup>nd</sup>, back-up auto-injector, is advised to be kept in the clinic, in the event the student forgets or does not have their emergency medication. If 2<sup>nd</sup> auto-injector is not supplied and kept in clinic, complete Appendix F-25.

\_\_\_\_\_  
Parent/Guardian's Signature Required

\_\_\_\_\_  
Date

**Student:**

- I have demonstrated the correct use of the Prescription Auto-Injectable Epinephrine to the school nurse.
- I agree never to share my Prescription Auto-Injectable Epinephrine with another person or use it in an unsafe manner.
- I agree that if there is no improvement after self-administering the medication, I will report to the school nurse or another appropriate adult if the school nurse is not available or present.

\_\_\_\_\_  
Student's Signature Required

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Date