

SCHOOL EPI-PEN ACTION PLAN

This plan is the process to gain approval to self- carry and self- administer an Epi-Pen while at school or at school functions with permission from parents and physicians. (This form will be kept in the student medical folder in the school clinic office)

Student Name:	Grade:	DOB:
Parent Name:	Cell #:	Other #:
Asthma Dr. Name:	Phone #	Fax #

Include (area code) with each number

SELF-ADMINISTRATION OF Epi-Pen

I have instructed _____ (student's name) in the proper way to use his/her medications. It is my professional opinion that this student should be allowed to carry and self-administer the following medications while on school property or at school related events:

A. Epi-Pen

Name:
Purpose:
Dosage:
Can be repeated times minutes apart

B. Other medications:

Name:
Purpose:
Dosage:
When to use:

It is my professional opinion that _____ (student's name) should **NOT** be allowed to carry and self-administer this medication(s) while on school property or at school related functions.

EMERGENCY PLAN

Students using an Epi Pen must be picked up with-in 20 minutes or be transported to the local emergency room via ambulance.

Comments/Special Instructions

Physician's Signature:	Date:
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I agree with the recommendations of my child's physician as noted above and have informed my child that he/she can carry his/her asthma medications while on school property or at school functions.

Parent's Signature:	Date:
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PARENT AND STUDENT NEED TO SIGN THE CONTRACT ON THE OTHER SIDE OF THIS FORM

IF YOU HAVE ANY QUESTIONS, CONTACT TAMMY MOORE RN, Director of District Health Services (936) 653-1185 OR tmoore@cocisd.org

Contract of Understanding for a Student who has permission to carry and self-medicate with an INHALER/Epi-Pen

1. A student who carries an INHALER/Epi-Pen is responsible for it at all times
2. The INHALER/Epi-Pen is not kept by the teacher, but the student
3. The student is responsible for having it daily and at all places they travel during the day
4. We strongly suggest that a back up INHALER/Epi-Pen be kept in the nurse's office as it has been our experience that few children, no matter their age will have their INHALER/Epi-pen at all times
5. Parents understand that we do not monitor the INHALER/Epi-Pen the child carries, nor are we responsible for it.
6. The student understands that they must not allow another child to handle or carry their INHALER/Epi-Pen
7. Horse play or use of the INHALER/Epi-Pen other than the designated reason for using it will result in disciplinary action as allowed per district policy and the student code of conduct

I _____, a student at COCISD understand the above and will follow it.

Student signature _____ **Date** _____

I, _____, parent or guardian of the above student understands that self administration is just that. My child will maintain the INHALER/ EPI PEN physically at all times and is responsible for having it available at all times. It will not be the responsibility of the teacher. I understand I have been advised to keep a back-up INHALER/Epi-Pen in the clinic to help insure one is at the school at all times.

Parent signature _____ **Date** _____