



Humble Independent School District Health Services

Procedure for Student to Carry Epinephrine Device

To ensure the safety of all students, medication must be dispensed following the Humble ISD Medication Policy. All medication must remain in the clinic. Students may request permission to carry an epinephrine device during school hours. The procedure below must be followed.

Student Name: _____ **DOB:** _____ **Grade:** _____

DOCTOR MUST COMPLETE THE FOLLOWING:

1. Physician Documentation of Allergy Form
2. Medication Authorization Form

PARENT MUST COMPLY WITH THE FOLLOWING:

1. Provide a second epinephrine device for the school clinic.
2. Read and agree with the school policy for carrying an epinephrine device (see attached).
3. Understand that the nurse may not be present when an epinephrine device is administered.
4. Notify the school clinic of any changes in Emergency Plan.

I agree to the procedures in this document which allow my student to carry his/her epinephrine device during school hours.

Parent/Guardian Signature: _____ **Date:** _____

STUDENT MUST AGREE TO THE FOLLOWING:

1. To demonstrate correct use of the epinephrine device.
2. To demonstrate knowledge of proper dose and time of epinephrine device use.
3. To demonstrate knowledge of Emergency Plan.
4. To keep the device in personal belongings.
5. To use the device for medical reasons only.
6. To understand that the epinephrine device is for his/her own medical purposes and must not be shared with another student.

I agree to the procedures in this document, which allow me to carry my epinephrine device during school hours.

Student Signature: _____ **Date:** _____

NURSE IS RESPONSIBLE FOR THE FOLLOWING:

- _____ Physician order complete and attached
- _____ Observing and agreeing that the student can safely use and carry the epinephrine device
- _____ Staffing with personnel who have regular contact with student has occurred
- _____ Student and staff are aware and have a copy of the Emergency Plan for Students with Severe Allergies
- _____ Parent, student, and staff understand and are in agreement with above

Nurse Signature: _____ **Date:** _____

PRINCIPAL: I am aware of the above procedure.

Principal Signature: _____ **Date:** _____