

**McKinney Independent School District
School Health Services**

LTA-Carrying Self-Injectable Epinephrine

(Print Student's Full Name)

In an effort to encourage the safe and effective use of Epinephrine by students, McKinney ISD Health Services has prepared this list of rules. Any student wishing to keep his/her injectable epinephrine in his/her possession during school hours and activities must discuss this with the campus nurse and agree to follow these rules:

1. A Medication Administration Form and/or a Life Threatening Allergy Management Plan
2. By Special Instructions on the medication form the physician must write one of the following statements:
 - **“May carry and self-administer Epinephrine”**
 - **“Must have epinephrine available in classroom at all times to be given as directed by M.D. and school policy”**
3. The epinephrine must be labeled with the student's prescription label with first and last name.
4. The student must demonstrate for the campus nurse the proper use and know when he/she will need to use the Epinephrine
5. The student must exhibit responsible behaviors with his/her injectable Epinephrine:
 - **No sharing needles or medication**
 - **Securing the medication on his/her person or stored appropriately with teacher at all times (not lying around)**
 - **Know when to advise nearest adult that life threatening allergen exposure has occurred**
 - **Know that 911 needs to be called immediately**
 - **Know that you are self-administering Epinephrine**
 - **Report any Blood Borne Pathogen exposures to school nurse or appropriate school administrator immediately**
 - **Report any accidental use or lost medication to school nurse or administrator**
6. It is strongly advised that an additional Epinephrine pen be stored in the clinic.

I will not hold the school board or any of its employees liable for any negative outcome resulting from the self-administration of said emergency medication by the student.

I understand that the school, after consultation with the parent(s) may impose reasonable limitations or restrictions upon a student's possession and/or self-administration of said emergency medication relative to the age and maturity of the student or other relevant consideration.

I understand that the school may withdraw permission to possess and self-administer the said emergency medication at any point during the school year if it is determined the student has abused the privilege of possession and self-administration or that the student is not safely and effectively self-administering the medication.

Student's Signature

Date

Parent's Signature

Date

Campus Nurse's Signature

Date