



**Authorization to Self-carry/Administration of Epinephrine Auto- Injector
During School and School Sponsored Activities**

Vermont Statutes, Title 16 chapter 31 § 1387 Possession and self-administration of emergency medication states that an asthmatic student may be able to carry a metered dose inhaler on their person while in school when they have written approval from the parent/guardian and physician.

Student _____ DOB _____ Grade _____

School _____

Medication: Epinephrine Auto-Injector Dose _____ Administer by: Auto-Injection

Diagnosis _____ Other _____

Health condition signs/symptoms to identify _____

Duration (dates) of Administration: From _____ to _____ (Limit: One year).

I request that my child be allowed to carry/self-administer his/her Epinephrine Auto Injector medication and be responsible for its proper storage and use. I take responsibility for this permission. I understand that this medication must be in the original pharmacy container, labeled with name of student. I will support my child to follow the above agreement and if she/he does not, I will be contacted and we will develop a new plan.

Parent/Guardian

Date Daytime

Telephone Number

I agree to terms of this contract. I will keep my Epinephrine auto injector medication in agreed location, will not share this medication with others, and will notify school authorities that I need to administer the medication.

Student

Date

I authorize this student to carry/self-administer the above medication. He/she has been trained to recognize signs/symptoms of anaphylaxis and how to correctly use the auto-injector by me and/or my office staff.

Physician's Name/Stamp

Physician's Signature

Date

Extra epinephrine auto-injector in Clinic/Health