



Health Office

Parent Permission: Self-Carry of EPINEPHRINE Auto-injector Device

School Year: _____

(must be renewed for each school year)

Scholar Name: _____ Grade: _____

Name of Medication: _____

As a Scholar attending the Leman Academy of Excellence, I agree to:

- Follow my doctor's orders for how and when I take this medication.
- Use correct technique when I give myself this medication.
- Write my name on the medication device and/or keep the pharmacy labeled container with the device.
- Not allow anyone else to use my medication under any circumstance.
- Keep a supply of my medication with me in school, at school sponsored functions, and on school related field trips as needed.
- Notify the health office and/or school staff *immediately* if the following occurs:
 - I administer this medication to myself
 - I lose my epinephrine medication on school property

I understand that permission for me to carry and to self-administer my medication on school property or during school functions may be taken away if I do not follow the safeguards established above.

Signature of Scholar: _____ Date: _____

Per Arizona Revised Statute 15-341-34a, I give permission for my child to possess and self-administer the above medication for a diagnosed anaphylactic disorder. This medication is prescribed specifically for my child with a medical condition diagnosed by a licensed health care professional pursuant to title 32. Per Arizona Revised Statute 15-157 trained staff may assist with the administration of this emergency medication if needed. I understand that I am releasing the school district and its employees from civil liability with respect to all decisions made and actions taken that are based on a good faith implementation of the requirements of this subdivision, except in cases of wanton or willful neglect.

I have read and agree to all the above:

Signature of Parent or Guardian: _____ Date: _____