

## SOUTH WESTERN SCHOOL DISTRICT

225 Bowman Road. Hanover, PA 17331.717-632-2500

TO: Parents/Guardian FROM: School Nurse

RE: Epi-pen®

Epi-pens® are now allowed to be carried by students who may have a life threatening reaction to an allergen. A Pennsylvania law has been passed which mandates that students have permission to carry Epi-pens® for life-threatening conditions. South Western School District has revised the School Board medication policy to meet the state regulations.

As the health care providers in the school, we are concerned that each individual student receives the appropriate treatment and care if they have a physician's prescription for an Epi-pen®. Attached is the form which MUST be completed before a student may bring their Epi-pen® to school.

Thank you for your help. If you have any questions or concerns regarding these changes, you may contact the certified school nurse in the building where your child is enrolled.

"A good place to be."

## EPI-PEN® ACTION PLAN STUDENT AGREEMENT

NAM	E	BIRTH DATE		
SCHO	OOL	GRADE	ROOM	
				_
I AGF	REE TO:			
>	Follow my prescribi	ing health professional	's medication orders.	
>	Notify a teacher or s	staff member immediat	ely, if I have come in co	ntact with the
	allergen that require	s me to use the Epi-per	n®. (The teacher should	then call the
	nurse to come to you	1.)		
>	Use correct medicati	ion administration tech	niques.	
>	Do not allow anyone	e else to use the Epi-pe	n® under any circumstar	nces.
$\triangleright$	Keep an Epi-pen® v	vith me in school and o	n field trips.	
I unde	rstand that permiss	ion for self-administr	ation of medication is a	privilege and
			result in the immediate	
of the 1	medication and will	result in the loss of p	rivilege to carry the me	dication.
Student	: Signature	Date	-	
Yes□ N	o □ I give permission	n for my child to carry	their Epi-pen® and self	administer
			School District and its pe	
			of the medication and no	
			cen. I am also aware that	
			nary action as stated in th	
			l current emergency con	
			ges over the school year.	
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			_	
Parent/Guardian Signature Date				

## Epi-pen® Action Plan Physicians Orders

Reason for m	nedication/allergen
Medication:	1 Epi-pen® □ or 1 Epi-pen® Jr. □
Administer E	pi-pen into outer thigh, hold in for 10 seconds.
•	Steps for allergic reaction:
4.	•
Yes 🗆 No (	□ Student has been instructed on proper use of Epi-pen®.
Yes 🗆 No	•
Yes 🗆 No 1	school nurse or if no adult available, go with a buddy to the school nurse.  Student demonstrates a cooperative attitude in all aspects of self administration.
Physic	ian Signature Date