



## District Administrative

Office 200 South Rolling Road  
Springfield, Pennsylvania 19064

Main: (610) 938-6000 • Fax: (610) 938-6005

## ASTHMA/EPIPEN POLICY

District policy shall permit only those students with physician and parent authorization to self-administer /self-carry inhalers / EpiPens to treat asthma/allergic reaction. These students must be deemed responsible by the physician, parent, and school personnel. Each case will be considered on an individual basis. All other inhalers/EpiPens will be kept in the nurse's office.

Inhalers and EpiPens can be sent with a responsible individual (*i.e.: parent, teacher, responsible student*) on field trips/school activities.

Possession and use of asthma inhalers/EpiPens by students shall be in accordance with state law and District policy.

Asthma inhalers/EpiPens are prescribed devices used for self-administration of short-acting, metered doses of medication to treat an acute asthma attack/allergic reaction.

***Self-administration shall mean a student's use of medication in accordance with a prescription or written instructions from a physician.***

Before a student may possess or use an asthma inhaler/EpiPen during school hours, the District shall require the following:

- A. An original physician's order or prescription that the student may carry and self-administer an inhaler/EpiPen.
- B. A written request from the parent/guardian that the school complies with the order of the physician.
- C. A Statement from the parent/guardian acknowledging that the school is not responsible for ensuring the medication is taken and relieving the district and its employees of responsibility for the benefits or consequences of the prescribed medication.

To self-administer medication, the student must be able to:

- A. Respond to and visually recognize his/her name.
- B. Identify his/her medication.
- C. Recognize signs and symptoms requiring medication use.
- D. Demonstrate the proper technique for self-administering medication.
- E. Agree to inform health services of the time medication was used during school hours.
- F. Demonstrate a responsible attitude in all aspects of medication management.

When an asthma inhaler/EpiPen is initially brought to school, health services shall be responsible to complete the following:

- A. Obtain written physician's medication order signed by the parent/guardian which will be kept on file.
- B. Complete the Inhaler/EpiPen Agreement with the parent/guardian and student.
- C. Review pertinent information with the student and parent/guardian specifically submitted by the physician.

# INHALER/EPIPEN SELF ADMINISTRATION AGREEMENT

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date

To self medicate, the student must be able to: (check all that apply)

- \_\_\_ 1. Respond to and visually recognize his/her name.
- \_\_\_ 2. Identify his/her medication.
- \_\_\_ 3. State his/her signs and symptoms requiring need for medication.
- \_\_\_ 4. Demonstrate the proper technique for self-administering his/her medication.
- \_\_\_ 5. Demonstrate a responsible attitude in all aspects of self-administration of medication.

The above named student has demonstrated the ability to self-administer the physician-prescribed medication as indicated by the criteria listed above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Nurse's Signature

As the parent/guardian of above named student, I relieve the school district and its employees of any responsibility for the benefits or consequences of the above listed medication when it is physician- prescribed and parent/guardian authorized. I further acknowledge that the school bears no responsibility for ensuring that the medication is taken. I am aware that any improper use/sharing of the above named medication will result in the immediate confiscation of the inhaler/EpiPen and loss of privilege to self-administer if the medication policy is violated.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

I agree to be solely responsible for my asthma inhaler/Epipen and to follow the directions for its use as ordered by my physician, as well as the district's medication policy. I am aware that any abuse of this privilege will result in the confiscation of my inhaler/Epipen.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature