

**Burrell School District
Health Services Department**

Epinephrine Auto-injector Inhaler Possession Agreement

I understand that carrying an epinephrine auto-injector requires the following responsibilities:

- Family provides appropriate documents according to the Burrell School District Medication Guidelines, including the prescriber's statement that the child is qualified and able to self-administer the medication.
- Student demonstrates proper technique of epinephrine auto-injector use to the school nurse.
- Student will notify the school nurse or responsible adult immediately following use of the epinephrine auto-injector.
- Student is responsible for carrying the epinephrine auto-injector so it is available at all times.
- Administration of the medication at the proper times is the responsibility of the student. The school entity bears no responsibility for ensuring that the medication is taken.

I hereby release the Burrell School District and all of its employees from any and all responsibility for the benefits or consequences of the prescribed medication our child may sustain as a result of this request. I understand that my child's school nurse will contact the physician for clarification of instructions as needed. I acknowledge that the school bears no responsibility for insuring that medication is taken. This privilege will be revoked if school policies are abused or ignored.

Parent Signature

Date

Student Signature

Date