

GILES COUNTY PUBLIC SCHOOLS

Epi-pens at School and On the Bus

Memorandum to Parents

So that Giles County Public Schools may provide the best care for your child, please complete this form and return it to the school principal, nurse or designee. If any changes occur during the year, please notify the school.

Option #1

The student carries his/her epi-pen on the bus and brings the epi-pen to the nursing office every morning and picks it up prior to leaving every day. A spare epi-pen provided by the parent should be kept for them in the nursing office should they forget theirs or run out. Benadryl or a generic of Benadryl provided by parent shall also be kept in nursing office for the student.

Option #2

Qualified students will be allowed to carry his/her epi-pen on the bus and will keep their epi-pen with them while at school and on the bus. The advantage is that it is immediately accessible. A spare epi-pen provided by the parent should be kept for them in the nursing office should they forget theirs or run out. Benadryl or a generic of Benadryl provided by parent shall also be kept in nursing office for the student.

All medications brought to school must be in their original container. Prescription medications require a parental/physician form (SB-157a) to be filled out and sent with the medication. Over the counter medications require written parental permission to be sent with the medication (SB-157b).

CONTRACT BETWEEN STUDENT, PARENT AND SCHOOLS For permission to carry epi-pens.

1. Student is responsible for correct use of the epi-pen.
2. Student is aware of signs and symptoms of an allergic reaction.
3. Student agrees to never share the epi-pen with another person.
4. Student agrees to never have epi-pen out while at school or on the bus without just cause.
5. Student agrees to immediately notify school personnel if known allergy ingestion, sting or exposure has occurred and/or if he/she is experiencing symptoms of an allergic reaction.

Student's signature _____ Date _____

I give permission for my child to carry the epi-pen described below. I understand that he/she must follow the rules listed above. I will notify the school of changes in medication or my child's condition.

Name of Medication	Dose	Frequency of Use
--------------------	------	------------------

Name of Medication	Dose	Frequency of Use
--------------------	------	------------------

Parent/Guardian's Signature _____ Date _____

Medicine must be in the original container and delivered to the principal, school nurse, or school division designee by the parent/guardian of the student. Medication not picked up by the parent/guardian by the end of the school year, will be discarded. Each 'Medication Authorization' must be renewed at the beginning of each school year.