

Anaphylaxis Treatment Permission Form

Dear Parent(s)/Guardian(s):

Minnesota statute 121A.2207 permits school districts to possess epinephrine auto-injectors (EpiPens) for a student or other individual experiencing anaphylaxis regardless of whether the student or individual has a prescription for an EpiPen. Therefore, Swan River Montessori Charter School District #4137-07 has adopted a policy allowing the school director or designee to administer epinephrine for a severe, life-threatening allergic reaction. The emergency epinephrine will be kept in the school office and be accessible during school hours. It will NOT be sent on school-based field trips or be available before or after the instructional day (i.e. extended care). This anaphylaxis protocol is not intended to replace student specific orders or parent/guardian provided individual medications for student with known allergies.

If your child has a known allergy and has an EpiPen prescribed for him/her, you still need to provide the school office one to two EpiPens with a pharmacy label. Medication Authorization forms or an Anaphylaxis Action Plan signed by you and your child's physician are required annually for your child's specific orders. The child-specific EpiPens will be sent on school-based field trips.

Anaphylaxis is a rapid, life-threatening allergic response triggered by insect stings, foods, medications, latex, exercise, or in rare cases by unknown causes. Anaphylaxis is a life-threatening allergic condition requiring immediate treatment; death has been reported within minutes. It is well documented that it is safer to administer epinephrine than to delay treatment for anaphylaxis. The epinephrine auto-injector rapidly delivers a pre-measured, single dose of epinephrine by direct injection through the skin. If your son/daughter has a life-threatening allergic reaction at school requiring EpiPen administration, Emergency Medical Services, and parents/guardians will be contacted immediately.

If you want your child to receive a life-saving injection of epinephrine if s/he is experiencing a life-threatening allergic reaction please sign, date and return this form to the main office. If your child has a heart condition, please talk with his/her health care provider about the safety of administration of epinephrine in the event of a life-threatening anaphylaxis and contact the school office.

Note that epinephrine would only be administered upon receiving clearance to do so by an emergency medical professional.

This form will remain actively on file in the main office from the date below through the duration of your child's enrollment at SRMCS.

I **DO** give permission for my child, _____, to receive an injection of epinephrine if s/he is experiencing a life-threatening allergic reaction.

I **DO NOT** give permission for my child, _____, to receive an injection of epinephrine if s/he is experiencing a life-threatening allergic reaction.

Parent Signature: _____ Date: _____