



ADMINISTRATIVE MEMORANDUM

To: Administrators

From: Mervin B. Daugherty, Ed.D.
Superintendent

Subject: Possession and Self-Administration by Students of Rescue Inhalers and EpiPens

The purpose of this administrative memorandum is to provide administrative guidelines, including an official form of release to be used District-wide, to ensure compliance with 14 DE Admin Code 612 § 3.11. All employees are expected to adhere to the regulation and to the guidelines listed below.

All District policies relating to the possession or use of drugs shall permit a student's discretionary use and possession of an asthmatic quick relief inhaler ("inhaler") or autoinjectable epinephrine with individual prescription label as follows:

1. The student must use the inhaler or autoinjectable epinephrine pursuant to prescription or written direction from a state licensed health care practitioner, a copy of which must be provided to the District.
2. The parent(s) or legal guardian(s) of such student must provide the District with written authorization for the student to possess and use the inhaler or autoinjectable epinephrine at such student's discretion, together with a form of release satisfactory to the District releasing the District and its employees from any and all liability resulting or arising from the student's discretionary use and possession of the inhaler or autoinjectable epinephrine.
3. The school nurse may impose reasonable limitations or restrictions upon the student's use and possession of the inhaler or autoinjectable epinephrine based upon the student's age, level of maturity, behavior, or other relevant considerations.
4. Parents or legal guardians shall not be required to provide or sign a form of release where the student's use and possession of an asthmatic quick relief inhaler or autoinjectable epinephrine is determined by the student's IEP or Section 504 Team to be necessary for the student's educational placement.
5. Except as provided for in a student's Section 504 Plan or IEP, the school nurse may not unilaterally impose limitations or restrictions on a student's use and possession of an asthmatic quick relief inhaler or autoinjectable epinephrine if a Section 504 or IEP Team has determined the use of the medication is necessary for the student's educational placement.

The attached form must be completed and signed by the healthcare provider, parent, student, and school nurse, and kept on file by the school nurse. This form is intended to provide the necessary written direction, authorization, and form of release described above.

ADMINISTRATIVE MEMORANDUM

For students who use prescribed asthmatic quick relief inhalers or autoinjectable epinephrine, see 14 DE Admin Code 817 and related administrative memoranda.

Questions about the information contained in this administrative memorandum should be directed to the Manager of RTTT and Compliance.

Authorizing Code(s):	14 DE Admin Code 612
Office(s) Responsible:	Superintendent
Last Issued:	10/31/2011
Last Revised:	10/31/2011
Attachment(s):	14 DE Admin Code 612 (available at http://regulations.delaware.gov/AdminCode/title14/600/612.pdf) Red Clay Consolidated School District Student Permission Form for Possession and Self-Administration of Rescue Inhalers and EpiPens

Student Permission Form for Possession and Self-Administration of Rescue Inhalers and EpiPens

(Auto-injectable epinephrine and/or rapid-acting bronchial inhalers ONLY)

Student Name: _____ **School Year:** _____

This letter confirms that the above-named student is a current patient and is being treated for (i.e., health condition): _____

I agree that the student is responsible and capable of self-administration of the following medications at school (please check those that apply):

_____ **Rapid-acting bronchial inhaler (please include name, dose, and frequency of the medication):** _____

_____ **Auto-injectable epinephrine (please include name, dose, and frequency of the medication):** _____

***The medications must remain in their original container(s) with the prescribing information intact.*

Healthcare Provider Signature: _____ **Date:** _____

I, the parent/guardian of _____, agree that my child is responsible and capable of self-administration of the above medication(s). I accept full responsibility and liability for my child carrying and self-administering this medication(s).

Parent/Guardian Signature: _____ **Date:** _____

I, _____ (student), agree that I am being given permission by my healthcare provider, my parent/guardian, and my school to carry and take my own above-named medication(s) as needed. I will keep the permitted medication in my book bag/locker. I will not share with or give my medication to anyone. I will not take my medication for any reason except as prescribed. I understand that my parent(s) and I accept full responsibility for my carrying and taking my own medication as prescribed above. I understand that I will lose the privilege of carrying the medication if I misuse it or do not adhere to the above rules.

Student Signature: _____ **Date:** _____

School Nurse Signature: _____ **Date:** _____