



HEALTH SERVICES

**SELF-POSSESSION OF SELF-ADMINISTERED ANAPHYLAXIS MEDICATION**

Tennessee Code Annotated, Section 49-5-415(F) has been amended to allow a student with anaphylaxis to be entitled to possess and self-administer prescription anaphylaxis medication while on school property or at a school-related event or activity if:

- The prescription anaphylaxis medication has been prescribed for that student as indicated by the prescription label on the medication.
  - The self-administration is done in compliance with the prescription or written instructions from the student's health care provider or other licensed health care provider.
  - A parent of the student provides to the school written authorization for the student to self-administer prescription anaphylaxis medication while on school property or at a school related event.
  - A written statement from the student's licensed health care provider that states:
    - The student has anaphylaxis and is capable of self-administering the prescribed anaphylaxis medication.
- NOTE: Authorization of self possession indicates student has been properly trained.
- The name and purpose of the medication
  - The prescribed dosage for the medication
  - The times at which or circumstances under which the medication may be administered
  - The period of time(s) for which the medication is prescribed

The written statement must be kept on file at your child's school.

The student's parent or guardian must sign a statement acknowledging that the school district and its employees shall incur no liability for an injury arising from the student's self-administering of prescription anaphylaxis medication while on school property or at a school related event or activity, except in cases of wanton or willful misconduct.

If a student uses such medication in a manner other than prescribed, such student may be subject to disciplinary action under the school codes.

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

TCA 49-5-415(F) mandates competency of student self-administration of epinephrine evaluation by school nurse twice annually.

Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_ Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_

*I, the parent/guardian of the above named student, acknowledge that the school and its employees and agents shall incur no liability as a result of any injury sustained by the student or any other person from possession or self-administration of the anaphylaxis medication.*

*My child has received the appropriate training and agrees to follow the guidelines for administration and carrying on person a prescribed anaphylaxis medication.*

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

\_\_\_\_\_  
Date

NOTE: Parents may be provided a copy of this statement.