

# Saint Anne Catholic School

2019 - 2020

Dear Parents:

Re: Auto-injectable epinephrine (Epi Pens)

The following details our school policies and information regarding Auto-injectable epinephrine (Epi Pens). Auto-injectable epinephrine, given for the treatment of life-threatening allergic reactions (anaphylaxis), comes as a pre-filled automatic injection device. Each school is required to maintain a minimum of two doses which must be replaced upon use or expiration. All auto-injectable epinephrine medication must be maintained and stored in the School Office, secure but unlocked, for easy access.

Epinephrine, also known as adrenaline, is a hormone and neurotransmitter. Epinephrine has many functions in the body, regulating heart rate, blood vessel and air passage diameters, and metabolic shifts. Epinephrine release is a crucial component of the fight-or-flight response of the sympathetic nervous system, allowing the body to respond to a perceived threat.

The injections of any dose of epinephrine is not life threatening. Epinephrine provides temporary relief and the individual receiving the dose will be transported to the hospital immediately. All teachers, educational administrative staff and trained unlicensed assistive personnel with knowledge of the device at **St. Anne** will have access to the auto-injectable policy at all times. The policy and procedures are kept in their emergency folders for quick access. Error! Bookmark not defined. Teachers, educational administrative assistants, and staff are trained with the procedure.

Below is a permission slip for you to sign in compliance with the Nevada State Law to allow use of the auto-injectable epinephrine pen if deemed necessary, by a teacher or educational administrative staff member, for your child. Please do not hesitate to contact us if you have any questions or concerns. Our goal is to provide a safe and healthy school environment for your child.

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## 2019 - 2020 Permission Form Auto-injectable epinephrine (Epi Pens)

Student Name(s) \_\_\_\_\_ Grade \_\_\_\_\_

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Student Name(s) \_\_\_\_\_ Grade \_\_\_\_\_

Student Name(s) \_\_\_\_\_ Grade \_\_\_\_\_

Please allow my child(ren) to receive appropriate doses of the Auto-Injectable Epinephrine if deemed necessary.

**Check one:** Yes \_\_\_\_\_ No \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_