

EMERGENCY MEDICATION AUTHORIZATION

Please read the Parent Information about Epinephrine Procedures included in this registration packet before completing this form.

I agree to release, indemnify, and hold harmless Round Top-Carmine ISD and any of their officers, staff members, or agents from lawsuit, claim, expense, demand, or action against them for administering the medications, provided they follow the Physician Standing Orders for treatment of respiratory distress and/or anaphylaxis. I am aware that the protocol may be administered by a specifically trained non-health professional. I have read the Parent information about Epinephrine Procedures and assume responsibility as required. I understand that emergency medical services will be called when epinephrine is given, whether or not the student manifests any symptoms of anaphylaxis.

_____ I hereby authorize Round Top – Carmine ISD personnel to administer the “Respiratory Distress: Asthma/Wheezing and Management of Allergic/Anaphylactic Reactions Protocol” as directed by the Physician Standing Orders on file.

_____ I DO NOT give my permission for Round Top-Carmine ISD personnel to administer emergency medications to my child.

Student Name: _____ Date of Birth: _____

Parent/Guardian Signature: _____ Date: _____