

I. T. Montgomery Elementary School  
Wellness Committee  
202 Martin Luther King, Jr. Road  
Mound Bayou, MS 38762-0901

**To Parents/Guardians of Students with Potential Anaphylactic Reactions to Foods, Medications, Insect bites/Stings or other Environmental Triggers/Antigens:**

The Mississippi Legislature has passed an act that permits emergency medications to be carried by students at school, during school sponsored activities and on field trips. It also allows students to self administer emergency medications when deemed appropriate, or permits trained principal designee to administer it. This means that a student can carry their EpiPen for Anaphylaxis and self administer the medication or have a principal designee give it immediately, if needed, providing the following conditions have been met:

1. The parent/guardian must provide **written consent** for the child to carry and/ or give their own emergency medication or for a trained principal designee to administer it, if child is unable to perform task. **AND**
2. A **signed written statement** from the student's doctor, physician assistant, or nurse practitioner indicating the following:
  - The student has potential for Anaphylaxis and is capable of self administering the medication
  - The name and purpose of the medication
  - The medication dosage and route of administration.
  - Time, circumstances of when student is to receive medication
  - Period of time medication is prescribed
3. Medication must be in the **original container and properly labeled** with:
  - Student's name
  - Name, prescribed dosage, and route of administration of medication
4. Student must **sign an agreement form** for guidelines/safeguards in carrying emergency medications

**Please Note: The Mound Bayou School District, it employees and agents will not be held liable for any injury sustained by the student who has self administered epinephrine.**

**I acknowledge receipt of the terms and conditions of the circumstances in the above information. I agree to hold the school, its employees and agents harmless against claims, and release them from liability for any injury sustained by student as a result of self administering emergency medication.**

**Authorization is hereby granted to release this information to appropriate school personnel and his/her classroom teachers.**

    I give permission for my child/student to **carry and self administer** his/her medication for the school term            thru           .

    I give permission for my child/student to **carry** his/her medication **ONLY**. I request that **principal designee administer it to him/her, if needed.**

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

\_\_\_\_\_  
Name of Student

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

Emergency contact phone #(s) \_\_\_\_\_