Medication and Allergy Emergency Policy

Suggested rules for students who need epinephrine auto-injectors, inhalers, or other emergency medication during class.

Important notice: This is a free sample safety document. It is a starting point, not a finished policy, and it is not a legal document or legal advice. Laws differ by location. Have a qualified attorney review and adapt it for your academy before use. Academy Safe is not responsible for errors or missing information in this document, or for how it is used. In an emergency, call 911.

Academy name: _____

Academy address: _____

Effective date: _____

Last reviewed: _____

Purpose

Some students have severe allergies, asthma, diabetes, seizures, or other conditions that may need fast action. This policy helps the academy plan ahead with families. Laws about who may give medication, and how, differ by location. Ask your attorney what applies to your staff.

Before the Student Trains

- Parents or guardians, or adult students, list conditions and medications on the Student Medical Information and Allergy Form.
- For any emergency medication, the family provides a written emergency plan from the student's medical provider, if they have one.
- The family provides the medication and is responsible for keeping it in date.

During Class

- Emergency medication stays with the student or in a known, quickly reachable place in the training area. It is never locked away.
- Instructors teaching the student know the condition, the warning signs, and where the medication is kept.
- Students may stop training at any time to use an inhaler or rest. No one is told to push through symptoms.
- Common allergens, such as food in the training area, are limited where possible.

In an Emergency

- Call 911 for signs of a severe allergic reaction, serious breathing trouble, or a seizure.
- Follow the student's written emergency plan. Staff help only as allowed by law and their training.
- Call the parent or guardian or emergency contact.
- Record the event on the Incident Report Form: Injury or Medical Event.

Student Medication Record

Student	Condition	Medication	Storage location	Expiration date

Signatures

Parent, guardian, or adult student name: _____

Signature: _____

Date: _____

Owner or director name: _____

Signature: _____

Date: _____

Notice

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