



MEDICATIONS AT SCHOOL: Authorization for Epinephrine Auto-Injector

Please print clearly in ink

PART I: To be completed by PARENT/GUARDIAN

Student: (LAST)	(FIRST)	<input type="checkbox"/> M <input type="checkbox"/> F	D.O.B:	/	/
Allergic to:					
Usual specific allergic symptoms:					
History of reactions:					

PART II: To be completed by PHYSICIAN

Physician Name (PLEASE PRINT):	
Telephones: (OFFICE)	(FAX)

Prescribed Treatment:

Antihistamine:

Medication:	Dose:	Route:
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Epinephrine Auto-Injector:

Dose: <input type="checkbox"/> 0.3 MG <input type="checkbox"/> 0.15 MG
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Specific Instructions:

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Possible Side Effects:

It is in the best interest of the student (my patient) named above to carry an Auto-Injector on his/her person during the school day. I authorize the administration of the medications listed above.

Health Care Provider's authorization for student self-administration if necessary. This student has been adequately trained in correct use of this Epinephrine Auto-Injector.

Physician Signature: (X)	Date:
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PART III: To be completed by SCHOOL NURSE

This student demonstrates the skill necessary to self administer his/her medication.

School Nurse Signature: (X)	Date:
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PART IV: To be completed by PARENT/GUARDIAN

Parent/Guardian Name: (LAST)	(FIRST)
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I understand and agree that:

1. The Auto-Injector will be furnished by me for my child to carry with him/her, and a second one will be provided to the Nurse to keep on campus.
2. Auto-Injector must be labeled by the pharmacy with the name of the student, type of medication, dosage, date prescribed, and date of expiration.
3. I authorize student self-administration if necessary. My child has been trained adequately in the correct use of the Epinephrine Auto-Injector, including when to use, the need to keep the Auto-Injector out of extreme temperatures (hot or cold), and the importance of notifying someone immediately of onset of symptoms.

Brand & Dose Provided:	Expiration Date:
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Parent/Guardian Signature: (X)	Date:
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Please send completed form to: School Nurse, Shelton School 15720 Hillcrest Road Dallas, Texas 75248 or via fax to: 972-991-3977