



ROCHAMBEAU
THE FRENCH INTERNATIONAL SCHOOL

Emergency Care for the Management of a Student with a Diagnosis of Anaphylaxis

Release and Indemnification Agreement for Epinephrine Auto-Injector

ROCHAMBEAU THE FRENCH INTERNATIONAL
SCHOOL 9600 FOREST RD
BETHESDA, MD 20814

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PART I: TO BE COMPLETED BY THE PARENT/GUARDIAN

I hereby request and authorize Rochambeau The French International School and Rochambeau personnel to administer an epinephrine auto-injector as directed by the authorized prescriber (Part II, below). I agree to release, indemnify, and hold harmless Rochambeau and any of the staff members from lawsuit, claim, demand, or action against them for administering prescribed medication to this student, provided Rochambeau staff are following the authorized prescriber's orders as written in Part II. I am aware that the injection may be administered by a trained, unlicensed staff member. I have read the procedures outlined on the back of this form and assume the responsibilities as required.

I understand that the rescue squad (911) will always be called when an epinephrine auto-injector is administered, whether or not the student manifests any symptoms of anaphylaxis.

Student Name: Last _____ First _____ MI _____

Date ____/____/____

Signature, Parent/Guardian _____ Phone ____-____-____ Date ____/____/____

PART II: TO BE COMPLETED BY THE AUTHORIZED PRESCRIBER

In accordance with Maryland State Regulations, the epinephrine auto-injector may be administered by unlicensed staff (Health staff or Rochambeau employee) that are trained by the School Community Health Nurse (SCHN). Unlicensed staff are **not** allowed to wait for the appearance and observe for the development of symptoms for students with an authorized prescriber's order to administer the epinephrine auto-injector.

- Name of medication:** epinephrine auto-injector
NOTE: *Epinephrine auto-injector will not be accepted for the management of asthma.*
- Diagnosis:** Anaphylaxis/Severe allergic reaction to: _____
- Dosage of medication:** Check (✓) one: epinephrine auto-injector 0.15 mg. epinephrine auto-injector 0.3 mg.
- Repeat dose in 10 minutes if rescue squad has not arrived.* Yes No
*NOTE: *For repeat dose, a second epinephrine auto-injector must be ordered and brought to school.*
- Time to be given at school: PRN. Check (✓) all that apply:**
 Sting by bees, wasps, hornets, yellow jackets
 Ingestion of (specify): _____
 If other known or unknown allergen(s) (explain): _____
- Route of administration for epinephrine auto-injector:** Intramuscularly (IM) into anterolateral aspect of the thigh.
- Side effects:** Palpitations, rapid heart rate, sweating, nausea and vomiting: _____

THIS MEDICATION AUTHORIZATION IS EFFECTIVE ____/____/____ **TO** ____/____/____

Authorized Prescriber _____
Name—Print or Type Phone Number **Original Signature, Authorized Prescriber** _____/____/____
Date

SELF-CARRY/SELF-ADMINISTRATION OF EMERGENCY MEDICATION: AUTHORIZATION/APPROVAL

Self-carry/self-administration of **emergency** medication **must** be authorized by the prescriber and be approved by the school nurse according to Maryland State School Health Services Guidelines.

Prescriber's authorization for self-carry/self-administration of emergency medication:

Signature, Authorized Prescriber _____ Date ____/____/____

School Nurse (RN) approval for self-carry/self-administration of emergency medication:

Signature, School Nurse _____ Date ____/____/____

PART III: TO BE COMPLETED BY THE PRINCIPAL OR SCHOOL NURSE

- Parts I and II are complete, including signatures. It is acceptable if all items in Part II are written on the authorized prescriber's stationery/prescription form.
- Medication properly labeled by a pharmacist. **Epinephrine auto-injectors** received: 1 injector 2 injectors

Reviewed by: Signature, Principal/School Nurse _____ Date ____/____/____

INFORMATION AND PROCEDURES

1. The authorized prescriber prescribed epinephrine auto-injector WILL NOT BE ADMINISTERED IN SCHOOL OR DURING SCHOOL sponsored activities without a parent/guardian signed authorization and waiver and an authorized prescriber's order/authorization for students with a known diagnosis of anaphylaxis.
2. This form must be on file in the student's health folder. The parent/guardian is responsible for obtaining the authorized prescriber's order/authorization. (See Part II.) The principal or school nurse will ensure that all items on the form are complete.
3. The parent/guardian is responsible for submitting a new form to the school each school year and whenever there is a change in dosage or a change in conditions under which the epinephrine auto-injector is given.
4. An authorized prescriber may use office stationery/prescription pad in lieu of completing Part II. Information necessary includes: student's name, allergen for which the epinephrine auto-injector is being prescribed, amount of pre-measured epinephrine, order for repeat dose if deemed necessary, authorized prescriber's signature and date.
5. Medication must be properly labeled by a pharmacist and must match the authorized prescriber's order. If the authorized prescriber's orders include a repeat epinephrine auto-injector, an additional epinephrine auto-injector must be provided by the parent/guardian.
6. Medication must be hand-delivered to the school by the parent/guardian or, under special circumstances, an adult designated by the parent/guardian. Under no circumstances will the school nurse or school personnel administer medication brought to school by the student.
7. All medication kept in the school will be stored in a secure area accessible only to authorized personnel.
8. The parent/guardian is responsible for collecting any unused portion of a medication within one week after expiration of the authorized prescriber's order or at the end of the school year. Medication not claimed within that time period will be destroyed.
9. In no case may the school nurse or school personnel, administer epinephrine to a student who is identified as subject to anaphylactic reaction outside the framework of the procedures outlined above.
10. An authorized prescriber's order and parent/guardian permission are necessary for self-carry/self-administered emergency medications such as epinephrine auto-injector for anaphylaxis. The school nurse must evaluate and approve the student's ability and capability to self-administer medication. It is imperative that the student understands the necessity for reporting to either the health staff or Rochambeau staff following self administration of an epinephrine auto-injector, so 911 may be called.
11. The school nurse will call the authorized prescriber as allowed by the Health Insurance Portability and Accountability Act (HIPAA), if a question arises about the student and/or the student's medication.
12. Use *Authorization to Administer Prescribed Medication, Release and Indemnification Agreement*, for all other prescribed medications.