



Epinephrine Self-Administration Authorization Packet

A new packet must be completed each school year

Contents of Packet:

- **Medication Guidelines and Authorization form**
 - Gives parental consent for nurse to give epinephrine to student as prescribed
 - Complete so nurse can assist student with medication administration as needed

- **Permission for Student to Carry and Self-Administer Prescribed Epinephrine**
 - Requires Physician or authorized healthcare provider (HCP) signature indicating student has been instructed on proper self-administration of epinephrine and is judged to be capable of self-administration
 - Requires Parent/Guardian signature giving student permission to self-carry and self-administer epinephrine per Park Hill policies listed and recognizing the school shall incur no liability as a result of any injury arising from the self-administration of epinephrine by student

- **Student Epinephrine Skills Checklist**
 - Tool for school nurse to assess student's readiness to self-administer epinephrine
 - If school nurse doesn't feel comfortable with student's readiness, student may not be allowed to carry epinephrine

- **FARE Food Allergy & Anaphylaxis Emergency Care Plan**
 - Park Hill Health Service's standing Food Allergy Action Plan
 - Provides guidelines nurse will follow to care for students
 - MUST be completed and signed by student's healthcare provider and signed by a parent/guardian
 - ***If you have a different up-to-date Food Allergy Action Plan from student's physician/HCP, you may provide a copy to your school nurse instead of getting this form completed (must be created for current school year)***