Form # 135
Rev. 7/10/19

# PHYSICIAN AUTHORIZATION FOR EPINEPHRINE INJECTION

**Part I:** Must be completed by a Physician/qualified medical provider. Use one form per medication.

Student:_____ Birth date:_____ Date _____

Allergies:_____Diagnosis:_____ICD-9 Dx code:_____

If a food allergy is listed, will a dietary substitution be necessary? No ☐ Yes ☐

**EPINEPHRINE Instructions:** The student has had a prior severe allergic reaction and must have the following at school:

Epinephrine 0.15mg ☐ **OR** Epinephrine 0.3mg ☐ Repeat injection in _____ minutes **or** ☐ Do not repeat

**Check all that apply:**

☐The student has been properly trained on the use and administration of epinephrine and will carry epinephrine and self-administer unless unable. **OR**

☐Trained school staff should administer epinephrine

**EPINEPHRINE should be administered under the following conditions:**

□ Immediately post exposure to the allergen **OR**

□ Administer only if the following reactions occur: (check all that apply):

□ Shortness of Breath/Wheezing □Hives/Rash □Anxiety □Generalized Swelling/Edema

□ Other_____

Medication side effects: _____

## PHYSICIAN AUTHORIZATION

The parent knows of this request and has agreed to provide the supplies needed for the above medication. Emergency Services (911) will be called if the student uses or is administered epinephrine so that the proper following treatment can be completed. Should the child manifest any of the above symptoms that may be caused by the medication, I understand that the parent will be contacted and the school health directives relating to emergency care will be followed.

| Physician's Name (Print) | Physician's Signature | Date |
|---|---|---|
| License Number | Telephone | Fax Number |

**Part 2: Must be signed by parent/guardian prior to administration.**

## Parent/Guardian Permission

***I understand that:***

- Medication orders are valid for this school year only and need to be renewed at the beginning of each school year.
- Medication must be in original container and labeled to match physician's order for school use including field trips.
- I have the responsibility for supplying medication as needed.
- Medication orders become part of my child's permanent school health record.
- I give permission to the school nurse to share information with appropriate school staff relevant to the prescribed medication administration as he/she determines appropriate for my child's health and safety.
- I give permission to the school nurse to contact the above health care provider for information relevant to the prescribed mediation administration as he/she determines appropriate for my child's health and safety.
- I may retrieve the medication from the school at any time; however the medication will be destroyed if it is not picked up within one week following termination of the order or one day beyond the last day of the school year.

I hereby give my permission for my child to self-administer epinephrine during school hours if needed for an allergic reaction. A licensed physician has prescribed this medication and my child has been instructed on its use. I also understand that in the event that my child must self-administer epinephrine emergency services (911) will be called for follow-up treatment. If for any reason my child is unable to inject himself/herself with epinephrine or unable to make the decision himself/herself as to whether epinephrine is needed. I give permission to an adult school staff member who has been trained in emergency epinephrine injection to assist my child in the decision and/or administration of epinephrine.

**I understand the School District and Treasure Coast Classical Academy under take no responsibility for the administration of the medication. I hereby release the School District and its agent and employees as well as Treasure Coast Classical Academy from any and all liability that may result from my child taking the medication.**

| Parent/Guardian Name (Print) | Signature | Date |
|---|---|---|
| Health Assistant (Print) | Signature | Date |
| School Nurse (Print) | Signature | Date |