ELIDA LOCAL SCHOOLS

AUTHORIZATION FOR STUDENT POSSESSION AND/OR USE OF AN EPINEPHRINE AUTOINJECTOR (EPI-PEN)

The School District, in accordance with ORC 3313.71/3314.11, requires that all of the following information be provided before the student may possess or use an epinephrine autoinjector to treat anaphylaxis in school.

Student Name: _____ Grade: _____ DOB _____ Date: _____

Address: _____ Home phone: _____

*Parent work phone: _____ *Emergency parent phone: _____

As the Parent/Guardian of this student, I authorize my child to possess and use an epinephrine autoinjector, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant. I understand that a school employee will immediately request assistance from an emergency medical service provider if this medication is administered. As required by law, I will provide a ***backup dose*** *of the medication to the school principal or nurse.*

Signature of Parent/Guardian _____ Date: _____

Prescriber section:

Name and dosage of medication _____

List Circumstances for use of the epinephrine autoinjector: _____

Date medication administration begins _____

Date medication administration ends (if known) _____

Special instructions: _____

Procedures for school employees if the student is unable to administer the medication or if it does not produce the expected relief _____

Possible severe adverse reactions:

To the student for which it is prescribed (that should be reported to the prescriber):

_____

To a student for which it is ***not*** prescribed who receives a dose:

_____

Check appropriate treatment below:

_____ As the prescriber, I have determined that the student is not capable of possessing and using the autoinjector and it should remain available in the school clinic/office for administration by trained staff.

_____ As the prescriber, I have determined that this student is capable of possessing and using this autoinjector appropriately and have provided the student with training in the proper use of the autoinjector:

Prescriber signature _____ Date _____

Prescriber name _____ Prescriber emergency phone _____

*Parent, guardian, or other person having care or charge of the student.

3/07
5/8/09
10/4/17
8/15/18