

Ohio Department of Health
**Authorization for Student Possession and Use
of an Epinephrine Autoinjector**

School Year: _____

In accordance with ORC 3313.718/3313.141

A completed form must be provided to the school principal and/or nurse before the student may possess and use and epinephrine autoinjector to treat anaphylaxis in school.

Student Name :
Student Address:

This section must be completed and signed by the student's parent or guardian.

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 participant. I understand that a school employee will immediately request assistance from an emergency medical service provider if this medication is administered. I will provide a backup does of the medication to the school principal or nurse as required by law.

Parent/Guardian Signature:	Date:
Parent/Guardian Name: (Please Print)	Parent/Guardian emergency Phone Number ()

This section must be completed by the medication prescriber.

Name and dosage of medication	
Date Medication administration begins	Date medication administration ends

Circumstances for use of the epinephrine autoinjector
Procedures for school employees if the student is unable to administer the medication or if it does not produce 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 does

Special Instructions:

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

Prescriber Signature:	Date:
Prescriber Name: (Please Print)	Prescriber emergency phone number ()