



## AUTHORIZATION FOR ADMINISTRATION OF EXPIRED EPINEPHRINE AUTO-INJECTOR

Due to the epinephrine auto-injector shortage, the Department of Human Services (DHS) has approved the use of expired epinephrine auto-injectors for children in the childcare setting with the consent of both the parent/guardian and physician/licensed prescriber. The acceptable date of use beyond expiration is per physician/licensed prescriber's discretion.

\*Any expired epinephrine auto-injectors cannot be accepted at ACES until this form is completed and returned. NOTE: this form does not replace the '[CONSENT FORM FOR ADMINISTRATION OF MEDICATION](#)' and is strictly for the purpose of authorizing the administration of an expired epinephrine auto-injector.\*

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Program Site: \_\_\_\_\_

Grade: \_\_\_\_\_

\*\*\*\*\*

### **PHYSICIAN/LICENSED PRESCRIBER AUTHORIZATION**

Date epinephrine auto-injector expired: \_\_\_\_\_  
(Date)

Acceptable to use expired epinephrine auto-injector until: \_\_\_\_\_  
(Date)

PHYSICIAN/LICENSED PRESCRIBER SIGNATURE: \_\_\_\_\_

PHYSICIAN/LICENSED PRESCRIBER NAME (PLEASE PRINT): \_\_\_\_\_

CLINIC: \_\_\_\_\_ DATE: \_\_\_\_\_

### **PARENT/GUARDIAN AUTHORIZATION**

1. I request that my child's epinephrine auto-injector be administered as indicated on the completed [CONSENT FORM FOR ADMINISTRATION OF MEDICATION](#), despite the epinephrine auto-injector's expiration date.
2. I release ACES personnel from any liability in relation to the administration of my child's expired epinephrine auto-injector.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN NAME (PLEASE PRINT): \_\_\_\_\_