

Lisbon Exempted Village School District

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

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 an epinephrine autoinjector to treat anaphylaxis in school.

Student Name	Grade
Student Address	DOB

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

1. I authorize a designated employee of the school board to administer the prescribed medication as ordered for my child.
2. I authorize the school nurse to talk with the prescriber or pharmacist should a question come up about the medication.
3. I understand that the medication must be in the original container and be properly labeled by a pharmacy.
4. By law, I agree to keep a back up epinephrine autoinjector in the nurse's office.
5. I understand that a school employee will immediately call 911 if this medication is administered.

Parent/Guardian Signature	Date
Parent/Guardian Name	Parent/Guardian Emergency Telephone Number ()

Self Carry Authorization

Parent must complete this section to allow their child to self-carry their epinephrine autoinjector.

1. I authorize and recommend self-medication by my child for the prescribed listed medication.
2. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her prescriber.

Parent/Guardian Signature	Date
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This section must be completed and signed by the medication prescriber.

Name and dosage of medication	
Date medication administration begins	Date medication administration ends (if known)

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 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.

Special Instructions

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 Telephone Number ()

Developed in collaboration with the Ohio Association of School Nurses.