

Ohio Department of Health

Authorization for Student Possession and Use of Epinephrine Autoinjector

In accordance with ORC 3313.718

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:
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 a 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 dose of the medication to the school principal or nurse as required by the law.

Parent/Guardian Signature:	Date:
Parent/Guardian Name:	Parent/Guardian emergency phone number: ()

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 employee 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:

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

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