

Authorization for Student Possession and Use of an Epinephrine Auto Injector

This section must be completed by and signed by the parent/guardian. A completed form must be provided to the school principal and/or nurse before the student may possess or use in the presence of designated school personnel.

Student Name	Address	
School	Grade	Birthdate

As the parent/guardian of this student, I authorize my child to possess and use an epinephrine auto-injector, as prescribed by the physician, at the school and any activity, event, or program sponsored by the school. I understand that a school employee will immediately request assistance from an emergency medical service provider. I will provide a backup of the medication to the school principal or nurse as required by law if my child carries the EpiPen on their person: for example - Book Bag. The medication must be in the original container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration and the date of drug expiration.

I will assume responsibility for safe delivery of the medication to the school.

I will notify the school immediately if there is any change in the use of the medication or prescribed treatment.

I will release and agree to hold the Board of Education, and its officials, and its employees harmless from any and all liability, foreseeable or unforeseeable, for damages or injury resulting directly or indirectly from this authorization

Parent/Guardian Signature	Date
Parent/Guardian Name Printed	Parent/Guardian Emergency Telephone #

This section must be completed by the student's physician.

Name and dosage of medication contained in the auto-injector. Circumstances in which auto-injector should be administered.

Date medication administration begins:

Date medication administration ends:

Physician to order how EpiPen is administered: **Please check only one!**

1. The EpiPen stays in the clinic and is administered by designated personnel _____
2. The Student carries EpiPen and self administers medication ____ If this is selected, a backup Epipen must be kept in *the office as required per ORC 3313.718.*

If #2 above is selected, I, the prescriber, have determined that this student is capable of possessing and using this auto-injector appropriately and have provided the student with training in the proper use of the auto-injector.

Procedures for school employees if the student is unable to administer the medication or if the medication does not provide the expected relief:

Special instructions from the physician/prescriber:

Possible severe adverse reactions:

- A. That may occur to student using the auto-injector that should be reported to the prescriber:
- B. That may occur to another student for whom the auto-injector is not prescribed, should such a student receive a dose of the medication:

Physician signature	Date
Physician Name Printed	Physician Emergency Phone Number

Office use only: Medication will be administered by staff listed on medication administration designation list.

Reviewed by authorized medication administrator ____ Copy to Teacher(s) _____

Student Information Entry ____ Reviewed by Nurse _____

Original Order to Nurse ____ Date _____