



# Worthington Schools

## Epinephrine Auto-Injector Self Administration Authorization Form

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Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

EPIPEN Expiration Date: \_\_\_\_\_ Dosage: Adult \_\_\_\_\_ Child \_\_\_\_\_

In the event that the student cannot administer the medication or the expected relief from anaphylaxis is not obtained, a trained staff member will administer and 911 will be called.

Special Instructions:

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This student has received training to use the auto-injector appropriately and is capable of possessing and using it appropriately. YES \_\_\_\_\_ NO \_\_\_\_\_

Physician and Parent/Guardian names, signature and emergency phone numbers:

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*OHIO LAW STATES that the parent must provide and extra auto-injector to the school.**