

Owasso Public Schools

Epi-Pen Authorization Form

Student's Name	DOB	Grade/Teacher	School Year
----------------	-----	---------------	-------------

- Epinephrine may be administered to a student at school or during school-sponsored activities, only with prior written authorization from both the physician and the parent/legal guardian.
- This form must be on file in the OPS office and kept up-to-date. The completed form may be distributed to OPS employees or designated representatives as needed.
- A new form must be submitted at the beginning of each school year and any time there is a change in the dosage or the conditions in which epinephrine is to be injected.
- Only pre-measured doses of epinephrine may be given by OPS staff or designated representatives.
- Epinephrine must be properly labeled by a pharmacist with the expiration date clearly visible. If a physician's orders include a repeat epinephrine injection for a student who carries his or her own, then the parent must supply the school with two epinephrine pens.
- The epinephrine must be hand-delivered to the school nurse or trained staff by a parent/legal guardian for the student who does not self-carry.
- A parent is to collect any unused epinephrine within one week after the end of expiration of order, or on the last day of school (as applicable). Epinephrine not claimed within that period will be disposed of properly.

To Be Completed by Parent/Legal Guardian

I, _____ the parent or legal guardian of _____ ("Student") acknowledge that I have read and understand the Epi-Pen Authorization Form guidelines, and I agree to abide by the guidelines at all times. I authorize Owasso Public Schools ("OPS") personnel or designated representatives to administer epinephrine injection as directed by the physician. I understand that OPS and its employees, agents, and representatives, shall incur no liability as a result of any injury, side effect or issue arising from the administration of epinephrine, and I agree to release, indemnify, and hold them harmless.

I understand that emergency medical services (EMS) will always be called when epinephrine is given, whether or not the student manifests any symptoms of anaphylaxis.

Parent/Guardian's Signature: _____ Date: _____

Cell Phone #: _____ Other Contact #: _____

To Be Completed by Physician

The following are known allergens that could require the use of an epi pen (indicate specific allergens):

Route of Exposure: Ingestion Skin Contact Inhalation Insect Sting or Bite

Check appropriate box:

- The Epi-Pen will be kept in the school clinic or other designated location.
- In my professional opinion, it is medically necessary that this student be allowed to self-carry and self-administer the above medication. I believe that this student has received adequate information on how and when to use an Epi-Pen, and the student can use it properly in an emergency. One additional dose should be kept as backup in the nurse's office or other designated location.

Additional Notes: _____

Physician's Name: _____ Phone Number: _____

Physician's Signature: _____ Date: _____

Owasso Public Schools
Epi-Pen Authorization Form



FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

**PLACE
PICTURE
HERE**

Name: _____ D.O.B.: _____

Allergic to: _____

Weight: _____ lbs. Asthma: **Yes (higher risk for a severe reaction)** **No**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

- If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

**OR A
COMBINATION**
of symptoms
from different
body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

FOR **MILD SYMPTOMS FROM MORE THAN ONE**
SYSTEM AREA, GIVE EPINEPHRINE.

FOR **MILD SYMPTOMS FROM A SINGLE SYSTEM**
AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.1 mg IM 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE