

**PARENT AUTHORIZATION FOR SPECIALIZED HEALTH CARE (administration of epinephrine)  
FOR SEVERE ALLERGIC REACTION (SAR)**

STUDENT NAME \_\_\_\_\_ DOB \_\_\_\_\_ SCHOOL \_\_\_\_\_

The school protocol for SAR management includes:

- Observe student for symptoms of SAR
- Administer medications as ordered by healthcare provider if SAR symptoms occur.
- Call EMS/9-1-1 and parent/guardian.

**I authorize the administration of epinephrine to be given in the event of a severe allergic reaction in the following dose (select one):**  Auto injector of epinephrine 0.15mg  Auto injector of epinephrine 0.3mg.

**Location of epinephrine:**  stored at school  carried with the student  2 doses, one stored at school, and another carried with the student (if student is to carry, please read and sign the section below).

All prescriptions must be kept in its appropriately labeled, original container. The prescription label must specify the name of the student, name of the medication, dose, route, and frequency or time of administration, and any other special instructions.

I understand and agree that trained, designated persons will perform the above-mentioned school protocol for SAR management.

I understand: I am responsible to provide this medication and maintain the supply as needed; to notify the school in writing of any changes in the medication or prescriber; to pick up all unused medication by the last day of school (or it will be destroyed). This authorization is valid only until the end of this school year and applies only to the medication above. Parent signature below authorizes an exchange of information, as necessary, between the school nurse, necessary school personnel, or the student's healthcare provider.

\_\_\_\_\_  
Signature of Parent/Guardian (valid for one year from this date) \_\_\_\_\_  
Date

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**Students who are developmentally and/or behaviorally able, as determined by the school and the nurse or prescriber, will be allowed to carry and self-administer epinephrine, as allowed under district policy, and subject to the following:**

1. All prescriptions must be kept in its appropriately labeled, original container. The prescription label must specify the name of the student, name of the medication, dose, route, and frequency or time of administration, and any other special instructions.
2. The student may have in their possession only the amount of medication needed for that school day.
3. Sharing and/or borrowing of medication with another student is strictly prohibited.
4. Permission to self-medicate may be revoked if the student violates school district policy governing administration of medication and/or the above stipulations.
5. If student self-administers, the school nurse will be immediately notified and 911 will be called.

I have read and agree to the above criteria and give permission for my child to carry and self-administer epinephrine.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

The student listed above may carry and self-administer epinephrine as prescribed or directed:

School Administrator / Designee \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse \_\_\_\_\_ Date: \_\_\_\_\_