

Ohio Department of Health
 Authorization for Student Possession and Use of an Epinephrine Autoinjector
 In accordance with ORC 3313.718/3313.141

A completed form must be provided to the school principal and/or nurse before the student may possess and use an epinephrine auto injector 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 auto injector, 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 law

Parent/Guardian signature:

Date:

Parent/Guardian name:

Parent/Guardian emergency telephone number.
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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)

Procedures for school employees 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 whom it is prescribed (that should be reported to the prescriber)

To a student for whom it is not prescribed who receives a dose:

Special instructions:

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

Prescriber signature:

Date:

Prescriber name:

Prescriber emergency telephone number
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[Adoption date: May 16, 2007

Developed in collaboration with the Ohio Association of School Nurses