



**St. Charles Parish Public Schools**

**Licensed Prescriber Authorization**

**Self-Carry/Self-Administration of auto-injectable Epinephrine**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Grade

\_\_\_\_\_  
School Name

Diagnosis: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

I, as the Healthcare Provider, certify that this child is at high risk of anaphylaxis and has been educated in and verbalizes his/her understanding of the correct use of the prescribed medication. The child understands the hazards of sharing medications with others and has agreed to refrain from this practice. I have provided the parent/guardian with a written allergy emergency/management plan including the name, purpose, dosage, and directions for administration of the allergy medication. The nurse/school staff and EMS (911) should be notified anytime the medication is administered.

It is my professional opinion that the student follow the guidance as indicated below:

☐ Self-Carry and Self-Administer \_\_\_\_\_ (Prescriber's initials)

☐ May **NOT** self-carry or self-administer and I authorize school staff to administer. The parent will provide a supply of auto-injectable epinephrine to be kept in each classroom. \_\_\_\_\_ (Prescriber's initials)

☐ In reference to LA Act 315, Senate Bill 407, the parent/guardian will opt out of the act as stated and requests the auto-injectable Epinephrine to be stored in the school nurse's office \_\_\_\_\_ (Prescriber's Initials)

\_\_\_\_\_  
Licensed Prescriber's Name (Printed)

\_\_\_\_\_  
NPI #

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone /Fax Numbers

\_\_\_\_\_  
Licensed Prescriber's Signature

\_\_\_\_\_  
Credentials (i.e., MD, NP, DDS) APRN #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Parent/Legal Guardian Name

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date