



School Health Services
Multnomah Education Services District (MESD)

Authorization for Specialized Health Care: Severe Allergic Reaction (SAR)

Student Name: _____ Student ID Number: _____
Student DOB: _____ School Name: _____

I authorize the administration of epinephrine to be given to my student in the event of a severe allergic reaction in the following dose:

- ☐ Auto injector of epinephrine administered intramuscular
 ☐ 0.1mg dose ☐ 0.15mg dose ☐ 0.3mg dose
☐ Nasal spray epinephrine (1mg) administered intranasal
 ☐ 1mg dose ☐ 2mg dose
☐ Other: _____

The epinephrine will be located (check all that apply):

- ☐ In a secure location at the school building
☐ Carried with the student at all times¹
☐ Other: _____

I understand and agree that:

- The typical school protocol for SAR management includes the following:
 - Assist the student with their prescribed medication (including the administration of epinephrine)
 - Observe the student for continued signs of severe allergic reaction
 - Call 911 for any signs of severe allergic reaction and/or the administration of epinephrine
 - Call parent/guardian
- All prescribed medication must be kept in appropriately labeled original containers.
- 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.
- Trained, designated persons will perform the above mentioned school protocol in the event my student experiences a SAR.
- I am responsible to provide the above 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 document serves as an **authorization to exchange health information**, as necessary, between the school nurse, necessary school staff and the student's healthcare provider
- This signed authorization is valid for one year from the date of signature

Parent/Guardian Name

Parent/Guardian Signature

Date

¹ If parent/guardian is requesting the student self-carry/self-administer their medication a [Self-Medication Agreement](#) or [Self-Carry Agreement](#) form must be completed