REQUEST FOR STUDENT TO POSSESS AND SELF-ADMINISTER AN EPINEPHRINE AUTOINJECTOR

School policy requires consent of the parent/legal guardian and written statement from the licensed prescriber before school personnel can allow a student to possess and use an epinephrine autoinjector to treat anaphylaxis in school. Please complete this form and return to the school office.

Name of Student _____ DOB _____ Grade _____ Homeroom _____

Address _____ Telephone _____

Allergies _____

To be completed by LICENSED PRESCRIBER

In accordance with ORC3313.718/3313.141 The Licensed Prescriber must provide the following information before a student is allowed to possess and self-administer an epinephrine autoinjector.

Condition for which medication is administered _____

Name of medication, dose and route _____

Time or indication for administration _____

Possible side effects to be reported for the student for which it is prescribed _____

Possible side effects for a student for which it is not prescribed should he/she receive a dose _____

Effective Date _____ Expiration date of this request _____

Procedures for school employees to follow in the event medication does not produce expected relief _____

_____

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 the proper use of the autoinjector . _____ Initials

_____ _____

Licensed Prescriber Signature Print Name

___/___/___ _____

Date Phone Number

To be completed by PARENT/GUARDIAN

I give permission for my child to carry and self administer an epinephrine autoinjector, 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 further agree to the following:

1. **Provide a back up dose or second epinephrine autoinjector to the school principal or nurse as required by law.**
2. Submit to school personnel a revised statement, signed by the licensed prescriber of the above, when any change in the original statement occurs.
3. Submit to school personnel a written statement when medication has been discontinued.
4. Grant permission for the school nurse to confer with the above licensed prescriber regarding my child's health and treatment issues as they pertain to the above medication/diagnosis and his/her educational and behavioral management needs.
5. All medications must come to school in the original container from the pharmacist.

It is my opinion that my child understands the use of this medication, demonstrates proper administration and has shown responsible behavior when it comes to carrying this medication. _____ Yes _____ No _____ Initials

_____ ___/___/___ _____

Parent//Guardian Signature Date Daytime Phone Number

**** THIS FORM EXPIRES AT THE END OF THE SCHOOL YEAR

HCESC 5/07