

Authorization for Student Possession and Use of an Epinephrine Auto Injector

A completed form must be provided to the school principal and/or school nurse before the student may possess and use an epinephrine auto injector to treat anaphylaxis in school.

Student Name:
Street 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

This section must be completed and signed by the medication provider.

Name and dosage of medication	
Date medication administration began	Date medication administration ends (if known)

Circumstances for use of the epinephrine auto injector
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 which it is prescribed (that should be reported to the physician)
To a student for which 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 auto injector appropriately and have provided the student with training in the proper use of the auto injector.

Prescriber Signature	Date
Prescriber name	Prescriber emergency telephone number