

Authorization for Student Possession/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/use an epinephrine autoinjector to treat anaphylaxis in school. Authorization form is valid for one school year. New forms must be submitted each school year.

Student Name _____ Date of Birth _____

Address _____ City _____ ZIP _____ Phone _____

School _____ Grade _____ Teacher _____

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/use 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 also understand that a school employee may administer the epinephrine autoinjector if the child is unable to self administer it. I will provide a backup dose of the medication to the school principal or nurse as required by law.

Name of Parent/Guardian _____ Email Address _____ Home Phone _____ Cell Phone _____

Signature of Parent/Guardian _____ Date _____

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

Name and dosage of medication _____ Administration Start Date _____ Expiration _____

Date _____

Circumstances for use of the epinephrine autoinjector

Procedures for school employees if the medication does not produce the expected relief

Possible severe adverse reactions:

To the student for which it is prescribed (that should be reported to the prescriber)

To a student for which it is **not** prescribed who receives a dose

Other 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.

Student is unable to self-administer the medication. A trained individual should use this autoinjector as prescribed.

Licensed prescriber signature

Phone

Licensed prescriber printed name

Date