Pickerington Schools

Authorization for the Possession and Use of Epinephrine Autoinjector

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

Student name: _____

Student address: _____

This section must be completed and signed by the student's parent or legal guardian.

As the parent or legal guardian of this student, I authorize my child to possess and 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 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: _____ Phone: _____

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

Medication name/dosage: _____

Medication administration begin date: _____ End date: _____

Circumstances for use of the epinephrine autoinjector: _____

_____

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:

Of the student for which the the medication is prescribed (report these to the prescriber): _____

_____

Of a student for which the medication is not prescribed but who receives a dose: _____

_____

Other Recommendations:

Please include time, schedule, duration of treatment, any special precautions or possible reactions, and interventions.

_____

_____

_____

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.

Prescriber Authorization:

Prescriber signature: _____ Date: _____

Prescriber name: _____ Phone: _____

Address: _____