



AUTHORIZATION FOR THE POSSESSION AND USE OF EPINEPHRINE AUTOINJECTOR (EPI-PEN)

Student Name Date of Birth

Student Address City Zip

PRESCRIBER/PHYSICIAN - PLEASE COMPLETE

The above-named student is under my care and should receive:

Name of medication autoinjector Dose

Date Medication Administration Begin

Date Medication Administration Ends (if known)

The autoinjector should be used in the following circumstances

Procedure to follow if the student is unable to administer the anaphylaxis medication

Procedure to follow if the medication does not produce the expected relief from the student's anaphylaxis

Adverse reactions that should be reported to the provider

Adverse reactions for the unauthorized user

Other special instructions

Prescriber please acknowledge

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 Signature Date

.....
Prescriber Name (please print) Prescriber Emergency Phone Number

PARENT/GUARDIAN - PLEASE COMPLETE

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 autoinjector, as prescribed, at the school and in 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 (please print)

.....
Parent/Guardian Emergency
Phone Number

I, individually and as the parent/guardian of the student mentioned above, release, indemnify, and hold harmless the Archdiocese of Cincinnati, the Archbishop of Cincinnati, the School, the Parish, and their employees, agents, and religious from any liability, claim, damage, cost, expense, or fee that arises, directly or indirectly, out of the presence of an epinephrine autoinjector in the School or its use by the student.

.....
Parent/Guardian Signature

.....
Date

.....
Parent/Guardian Name (please print)

Parents MUST send medication to the school in its original container.

Note: The parent/guardian of the child must assume responsibility for informing the principal or a designee (nurse, secretary, teacher, or another responsible trained person) of any change in the child's health or change in the non-prescribed medication. Any change to the above non-prescribed prescription (dosage or administration) will require the completion of a new form.

The principal or other designated trained personnel has been provided with a backup dosage of the student's medication. Yes No

.....
School Official's Signature (Acknowledging Receipt)

.....
Date