

Authorization for Student Possession and 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 and use an epinephrine auto injector to treat anaphylaxis in school.

Student name
Student 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 office per Ohio Revised Code 3313.718/3313.141.

Parent /Guardian signature	Date
Parent /Guardian name	Parent /Guardian emergency telephone number

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

Name and dosage of medication	
Date medication administration begins	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	

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
Special instructions

The student is not supervised while carrying this emergency medication; therefore, it is necessary to provide proper instruction about independent administration and responsible behavior in an educational environment. The prescriber must check off and sign the below statement indicating the student is capable of independently carrying and administering the epinephrine auto injector.

As the prescriber, I have determined that this student:

- Is capable of possessing and using this auto injector appropriately.
- Has been provided with training in the proper use of the auto injector. The student has completed a return demonstration of the epinephrine auto injector without guidance.
- Is aware to keep the injector in place for 10 seconds to ensure medication delivery is complete
- Is aware that the auto injector is to be kept with him/her at all times and aware that it should not be shared with others
- Will notify school personnel prior to using auto injector so emergency services can be notified

Prescriber signature	Date
Prescriber name	Prescriber emergency telephone number

Emergency Action Plan for student with _____

Student name: _____ Age: _____ DOB: _____

Known Allergies: _____

List other additional information or significant special health concerns of this student:

*ACTIONS TO BE TAKEN: _____

*MEDICATION IF NEEDED: _____

Important Emergency numbers:

Father /Guardian: _____

Home Phone: _____ Cell: _____ Work: _____

Mother /Guardian: _____

Home Phone: _____ Cell: _____ Work: _____